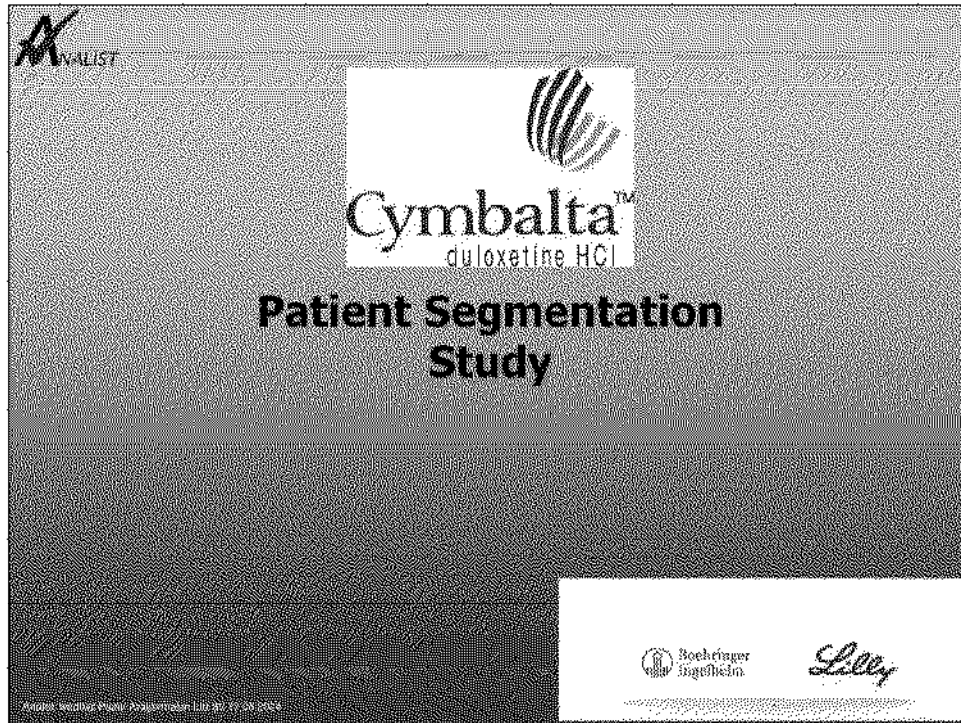



# EXHIBIT 23

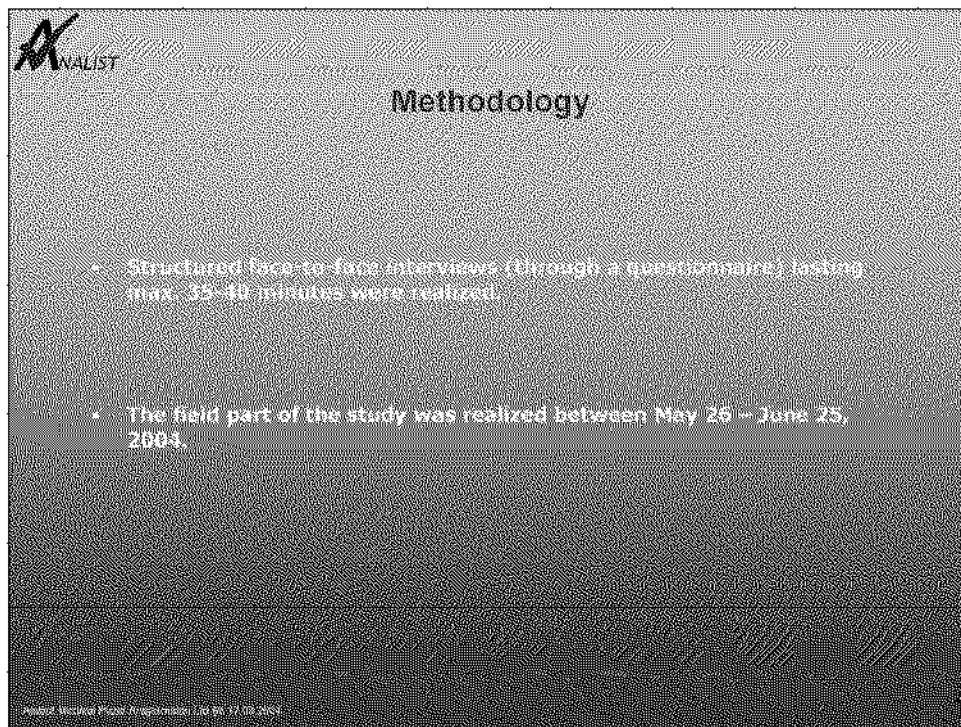


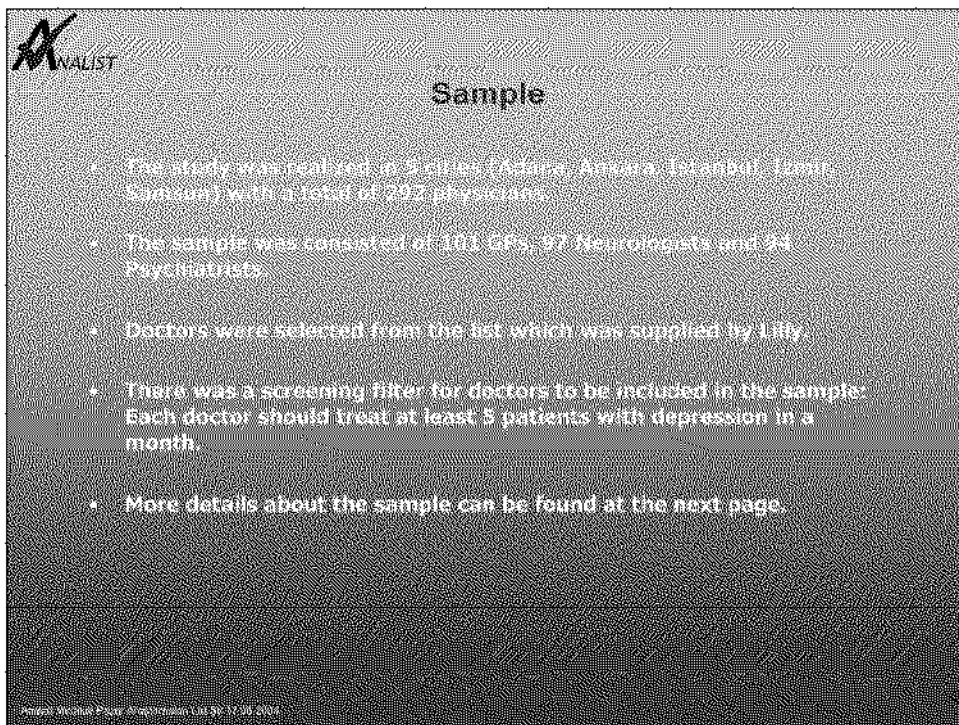


## Study Objectives

- Current indications to prescribe anti-depressants (symptoms that urge doctors to prescribe anti-depressants)
- Which antidepressants are especially preferred in this case (referring to cases which will be determined in the previous item).
- The positioning of current antidepressants in the market.
- What is the "unmet need" that physicians would like to fulfill in a new antidepressant?
- How often do painful physical symptoms relate to depression? Are there specific anti-depressants to be prescribed in this case? The degree of satisfaction with current therapies?
- Patient sizes in each of the "Patient Segments" which will be presented to the doctors (patient segments pre-determined by B. Ingelheim/Lilly).
- Other important parameters which doctors identify, segment their patients for anti-depressant therapy.
- Reactions to Cymbalta
- For which (pre-determined) patient segments Cymbalta will be suitable.

Avalist Medical Paper, 3/20/2015, 13:31:17, 12/23/2015



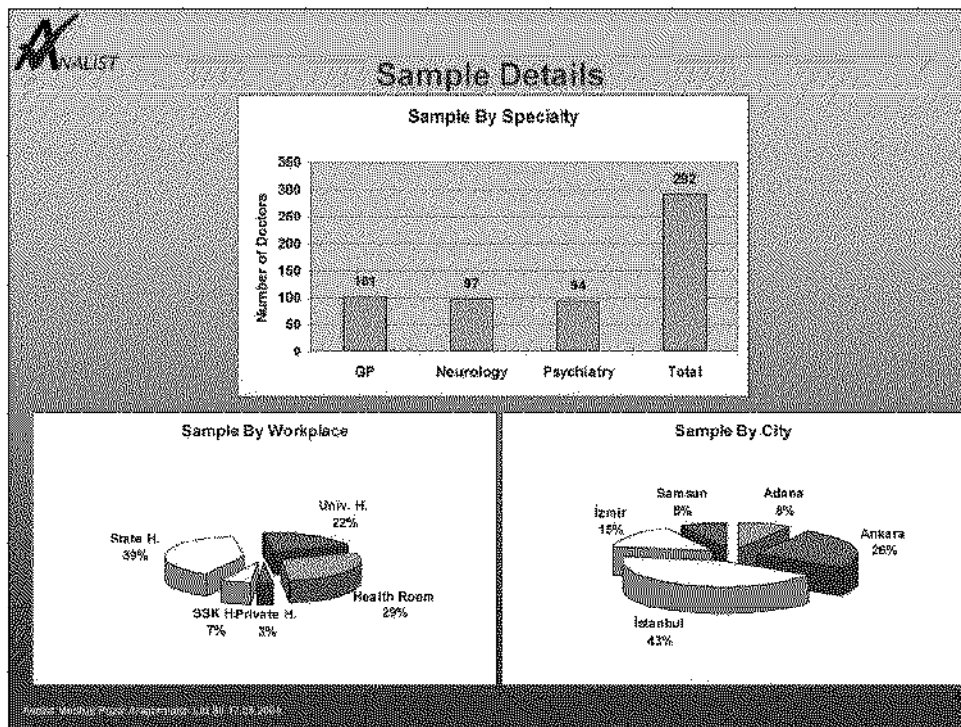


**ANALIST**

## Sample

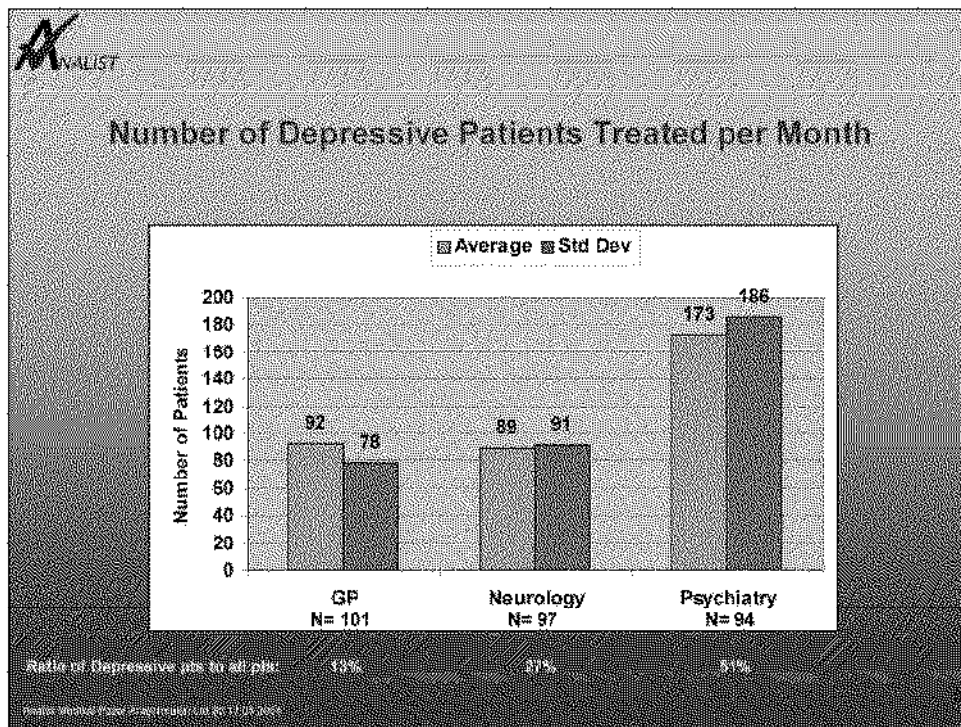
- The study was realized in 4 cities (Adana, Ankara, Istanbul, Izmir, Samson) with a total of 292 physicians.
- The sample was consisted of 101 GPs, 97 Neurologists and 94 Psychiatrists.
- Doctors were selected from the list which was supplied by Lilly.
- There was a screening filter for doctors to be included in the sample: Each doctor should treat at least 5 patients with depression in a month.
- More details about the sample can be found at the next page.

Project: Medical Policy Adaptation Ltd 01-12-2014

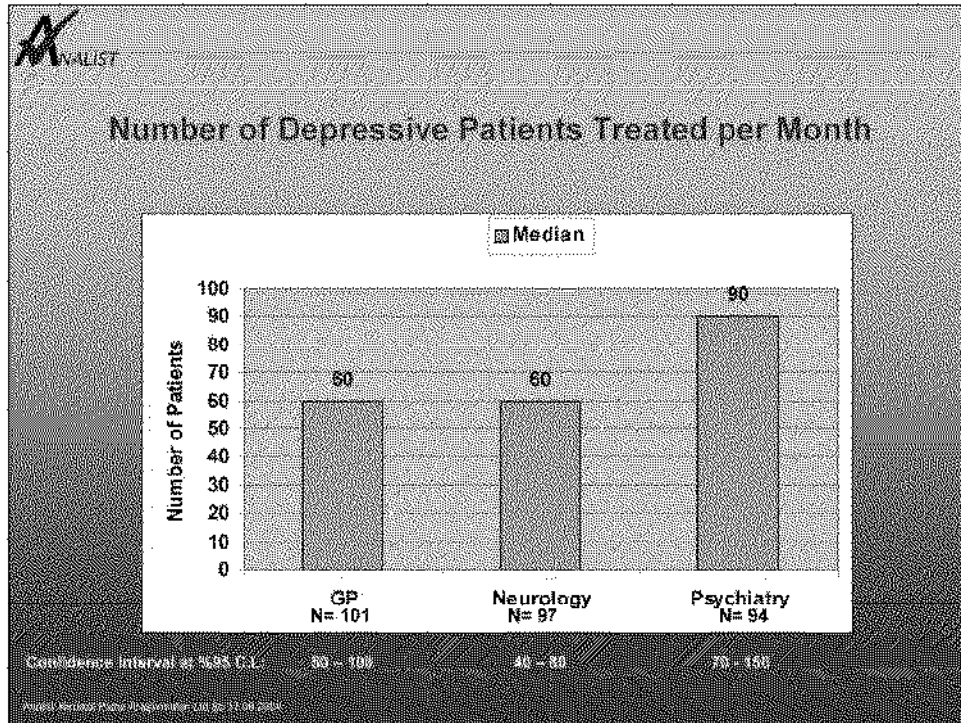


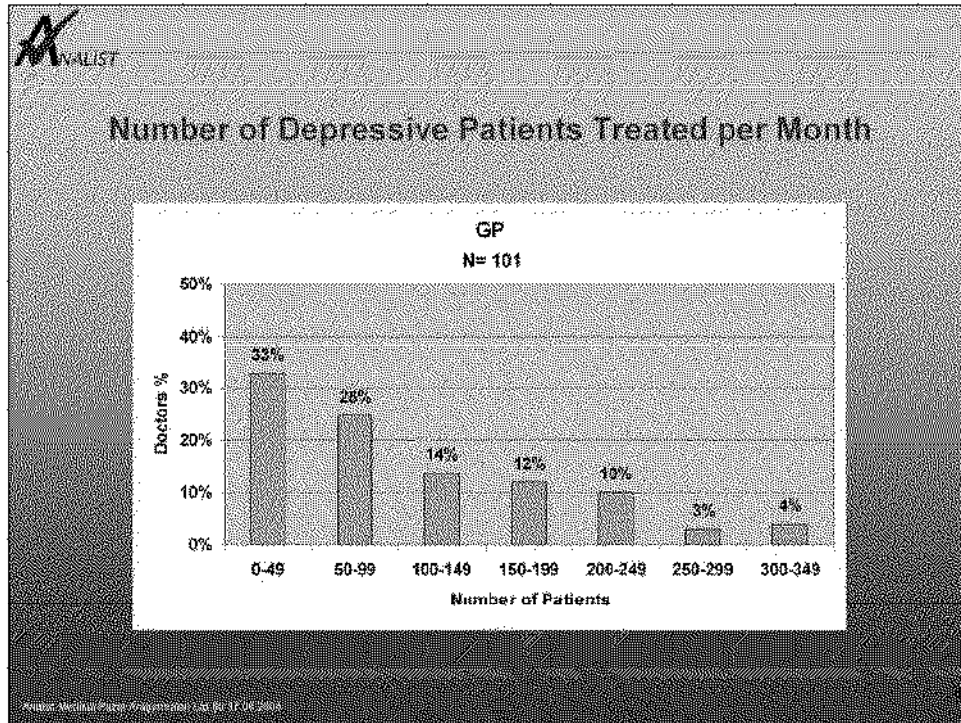


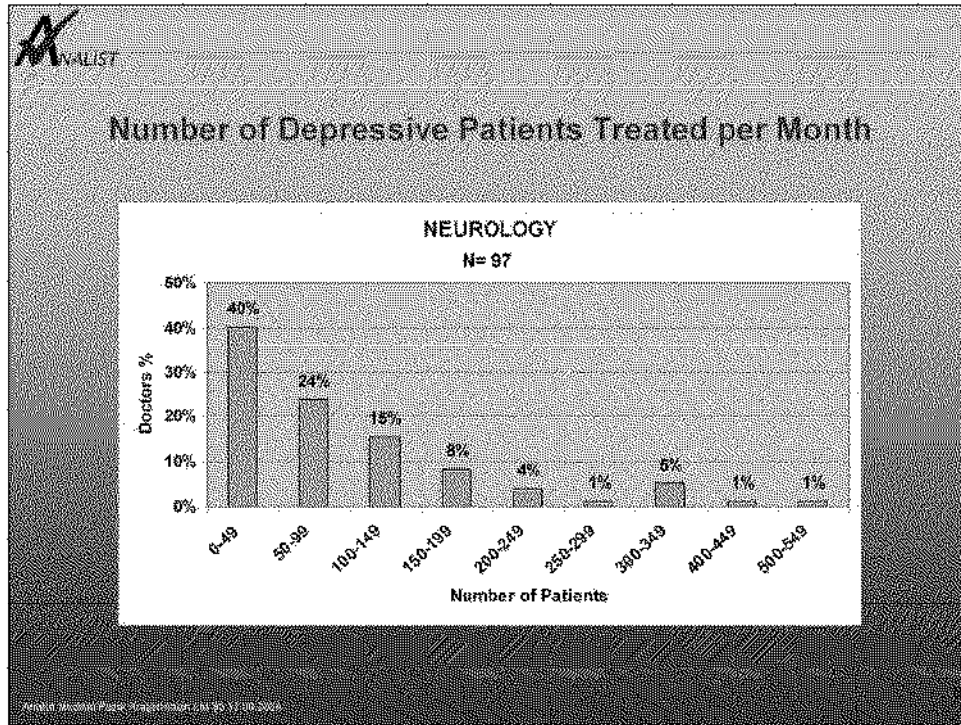


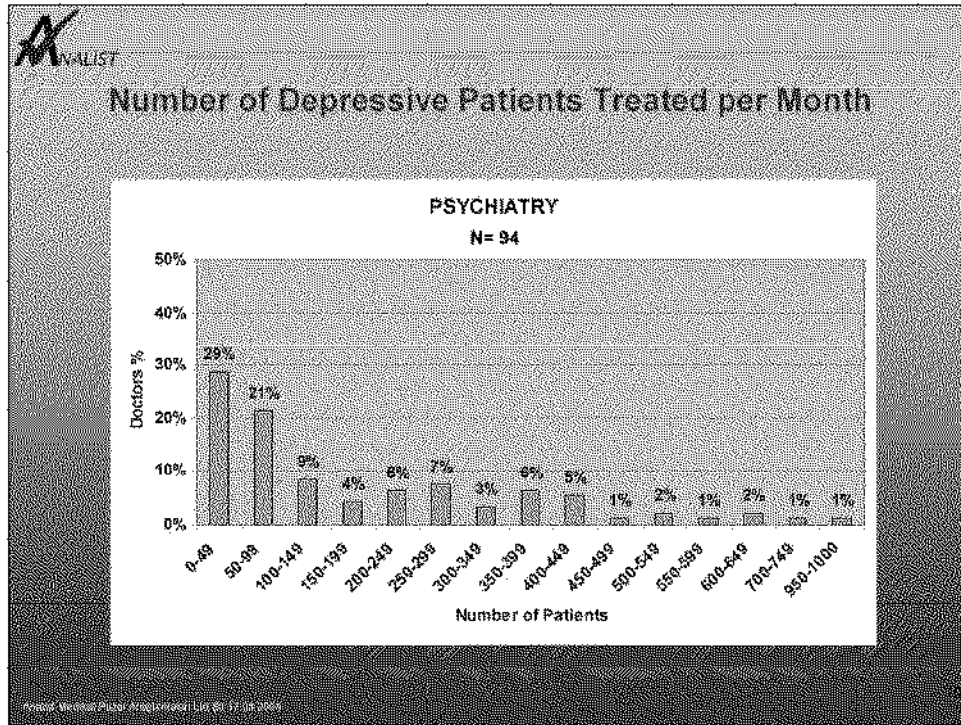


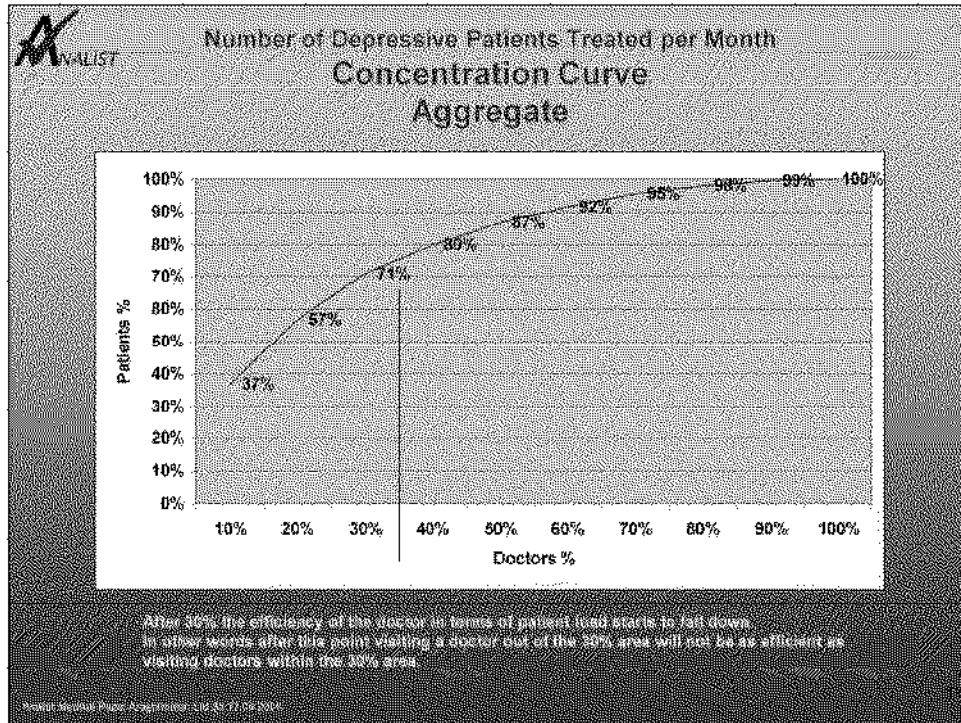


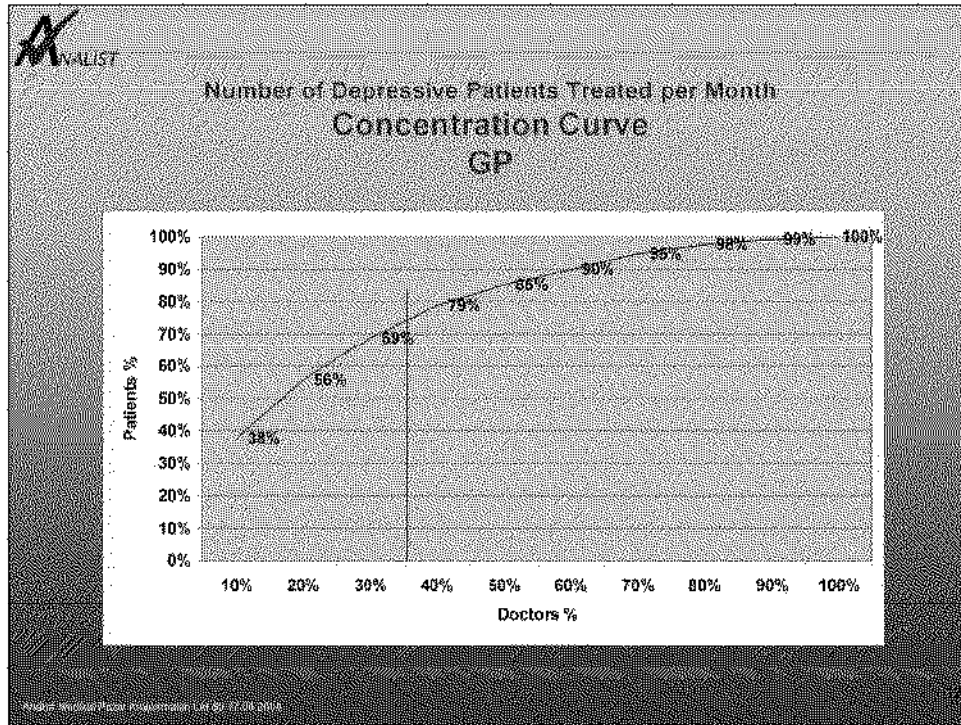


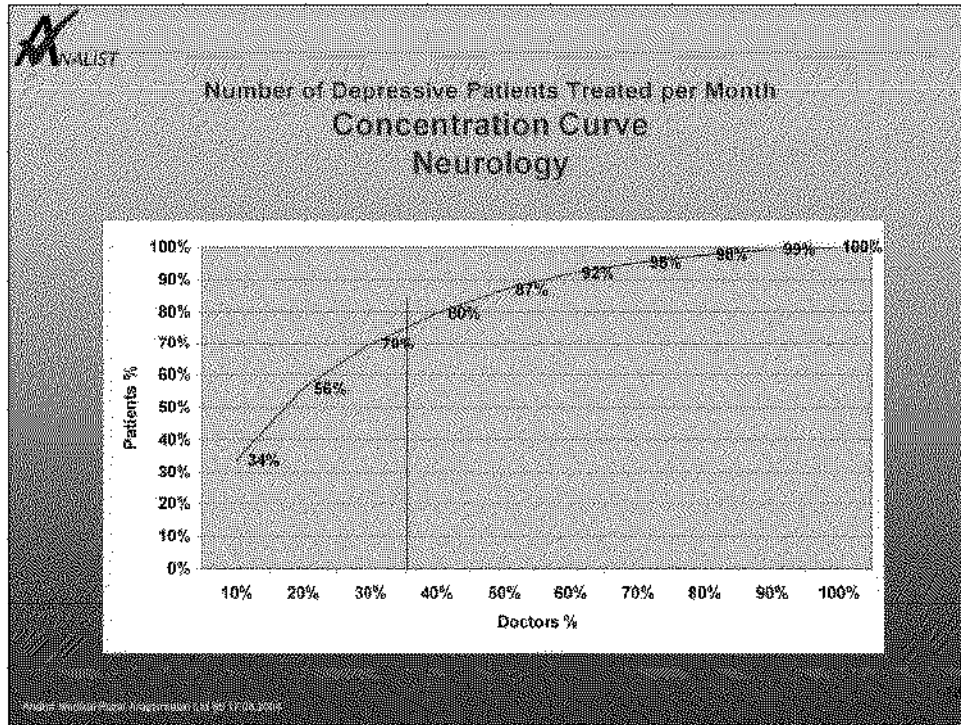




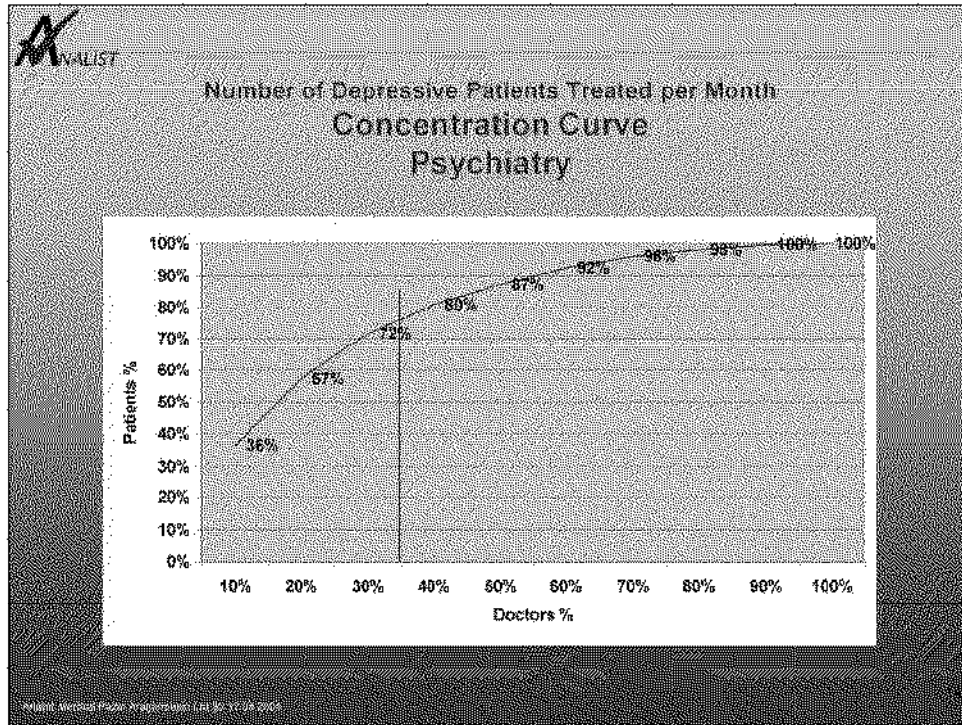


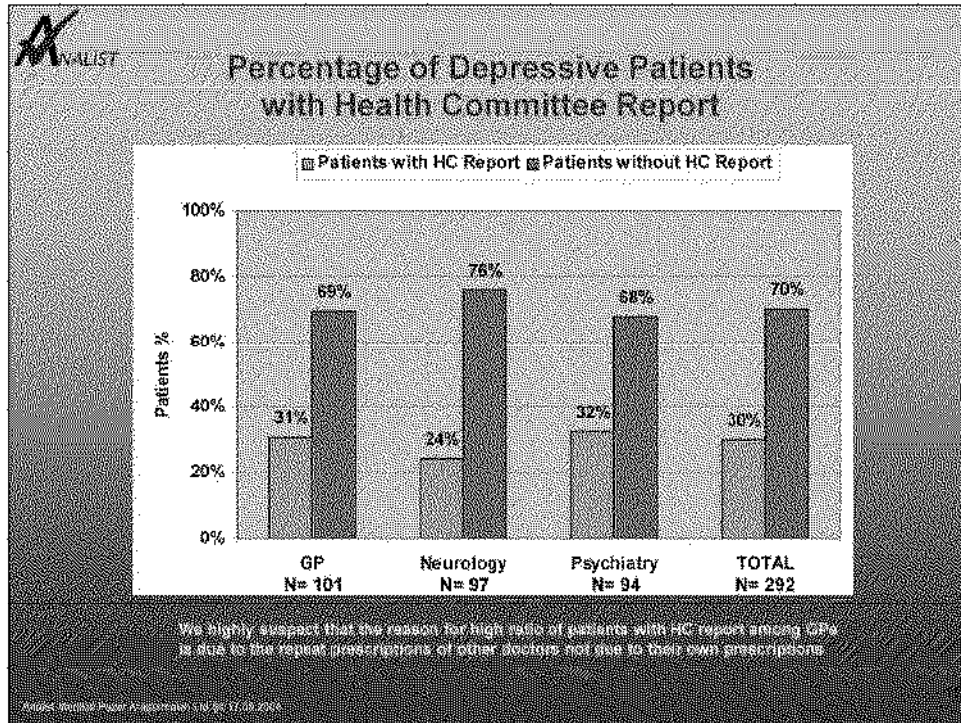


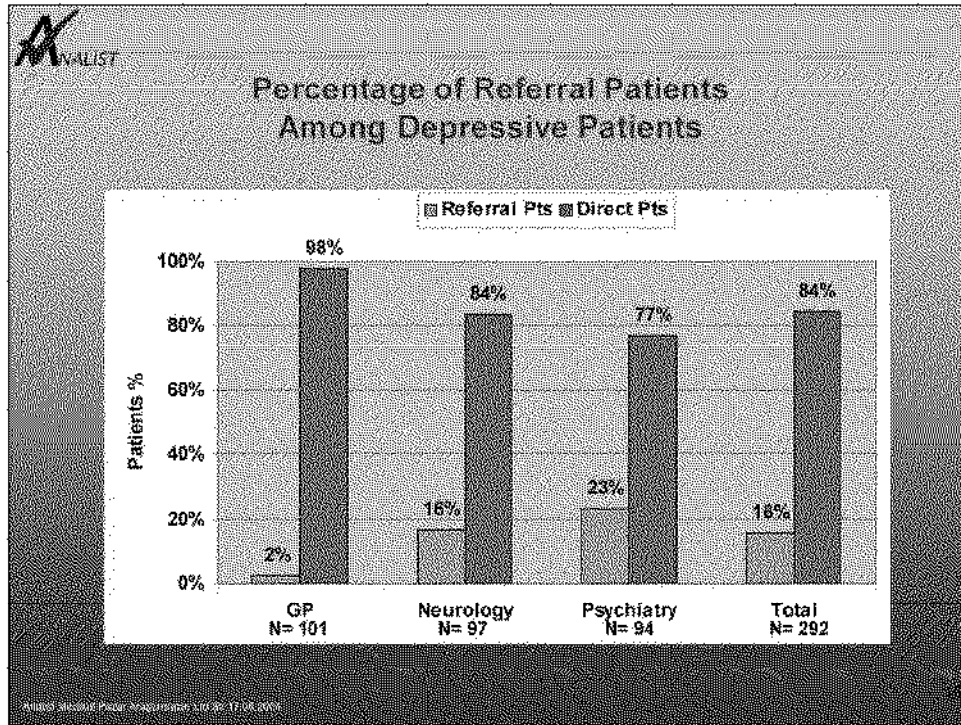












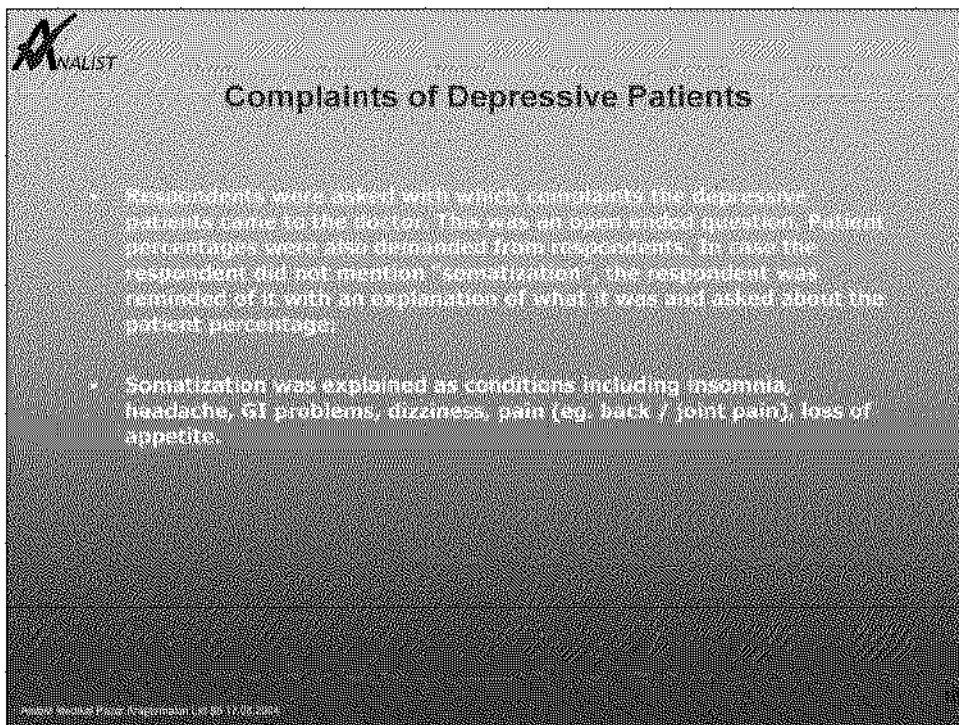
**AX VALIST**

**Specialties Depressive Patients Referred From**

	N=	2	62	94	158
Patient Ratio	Referred to				
Referred From	GP	Neurology	Psychiatry	Total	
Internal Medicine	0%	38%	28%	31%	
Neurology	0%	1%	31%	22%	
GP	100%	22%	17%	21%	
Cardiology	0%	6%	9%	8%	
Psychiatry	0%	12%	3%	5%	
Neurosurgery	0%	9%	2%	4%	
PTP	0%	4%	4%	4%	
ENT	0%	4%	1%	2%	
Dermatology	0%	0%	2%	2%	
Surgery	0%	4%	0%	1%	
Oncology	0%	0%	0%	0%	
Orthopedics	0%	0%	0%	0%	
Urology	0%	0%	0%	0%	
Emergency	0%	0%	0%	0%	
Gynecology	0%	0%	0%	0%	
Ophthalmology	0%	0%	0%	0%	
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

It seems that Neurology is referring (sending to other doctors) depressive patients as much as receiving referred patients. They are certainly a potential and therefore organizing training programs for Neurologists will pay off. The company who trains them will certainly attract attention to company's brand.

AX VALIST Medical Practice Management Ltd. 01-12-15-2014

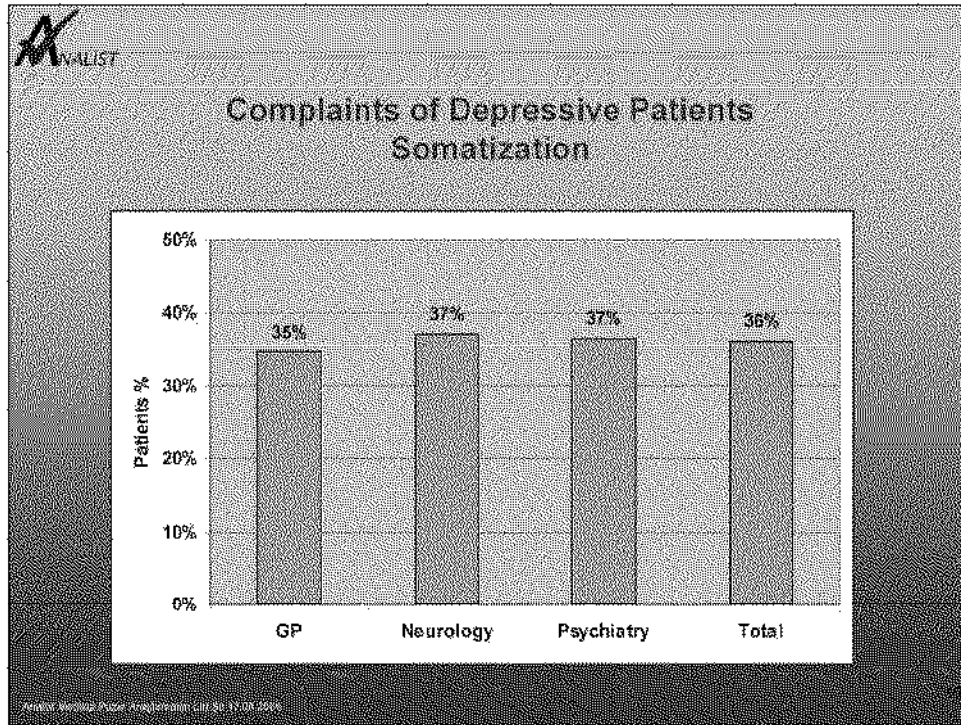


**ANALIST**

## Complaints of Depressive Patients

- Respondents were asked with which complaints the depressive patients came to the doctor. This was an open ended question. Patient percentages were also demanded from respondents. In case the respondent did not mention "somatization", the respondent was reminded of it with an explanation of what it was and asked about the patient percentage.
- Somatization was explained as conditions including insomnia, headache, GI problems, dizziness, pain (eg. back / joint pain), loss of appetite.

Please Review Page Information List on 11/02/2014





### Complaints of Depressive Patients

Patient Ratio	N. 101	97	94	283
Specialty				
Complaint	GP	Neurology	Psychiatry	Total
Insomnia	33%	21%	27%	25%
Do not enjoy life	10%	5%	22%	16%
Headache	15%	26%	8%	14%
Worried	7%	5%	9%	6%
Pain	4%	7%	8%	7%
Loss of appetite	6%	9%	7%	6%
Lack of energy	3%	4%	9%	6%
Lightheaded	5%	3%	3%	3%
Dizziness	1%	3%	4%	2%
Agitation	2%	2%	1%	2%
Fatigue	2%	1%	3%	2%
Getting angry	1%	1%	2%	1%
Anxiety	2%	1%	2%	1%
Feeling depressed	7%	4%	1%	1%
Loss of confidence	1%	0%	2%	1%
Feeling of guilt	0%	0%	2%	1%
Swollen ankles	0%	0%	2%	1%
Shaking like tremor	0%	0%	0%	0%
Neuroticism	1%	0%	1%	1%
Confusion	0%	0%	1%	0%
Feeling like a robot	0%	0%	1%	0%
Depression	0%	0%	0%	0%
Depression	1%	1%	0%	1%
Depression	0%	0%	0%	0%
Total	84%	91%	110%	88%





## Which Complaints of Depressive Patients are More Important In the Treatment of Depression

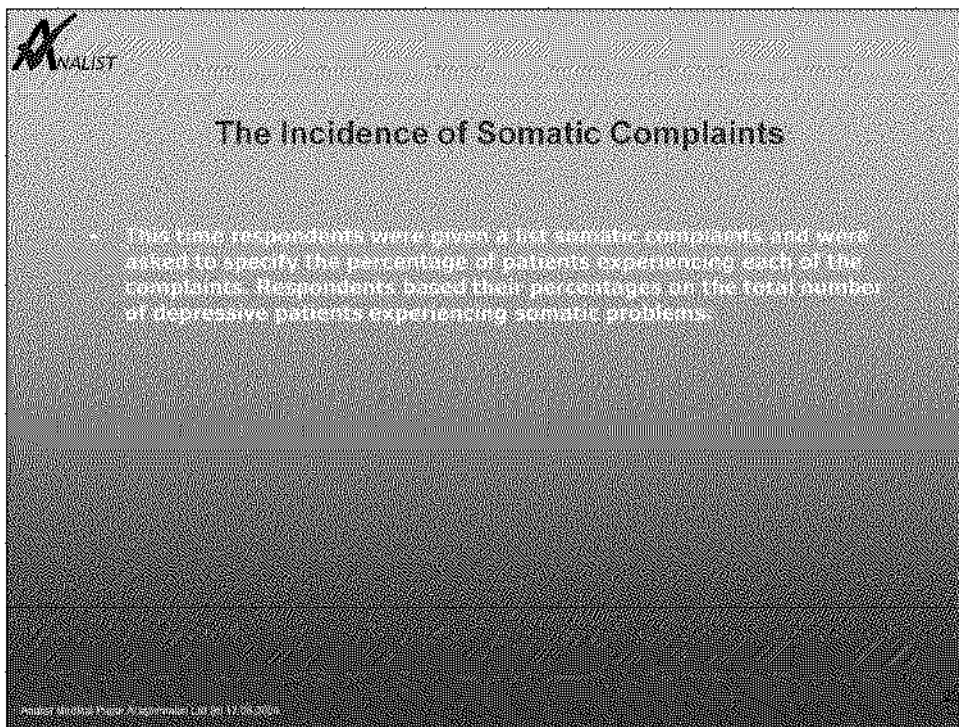
- After asking doctors the complaints with which the patients have come to the doctor, respondents were asked about the importance of complaints in the treatment of depression. Respondents were asked to rank order them.
- Initially the analysis done on the first rank. In other words, most encountered complaints at the first rank were listed with doctor percentages.

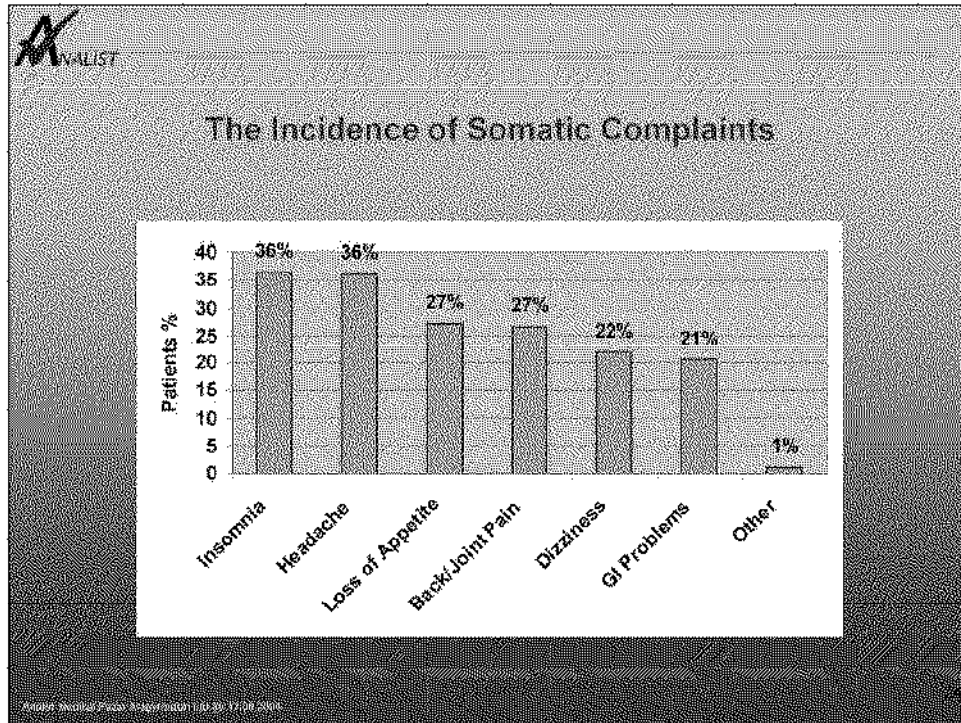
Revised Medical Progress Report LBR 05-17-04 2004

**Which Complaints of Depressive Patients are More Important in the Treatment of Depression**  
Most Important (Rank 1)

Complaint	GP	Neurology	Psychiatry	Total
Sommatization	35%	26%	21%	23%
Headache	10%	34%	7%	17%
Insomnia	22%	10%	14%	16%
Do not enjoy life	10%	7%	12%	12%
Worried	6%	4%	5%	5%
Pain	5%	7%	2%	5%
Feeling depressed	1%	8%	7%	5%
Suicidal thoughts	1%	1%	3%	3%
Agitation	1%	1%	2%	1%
Loss of energy	1%	0%	3%	1%
Stress	0%	0%	3%	1%
Feeling worthless	1%	0%	1%	1%
Anxiety	0%	1%	1%	1%
Pain effects	1%	0%	0%	0%
Diabetic care	0%	0%	1%	0%
Fatigue	0%	0%	1%	0%
Loss of appetite	0%	0%	1%	0%
Loss of interest	0%	0%	1%	0%
Tachycardia	0%	0%	1%	0%
Circulation problems	0%	0%	1%	0%
Back pain	0%	1%	0%	0%
Blind	0%	0%	1%	0%
Loss of vision	0%	0%	1%	0%
Total	100%	100%	100%	100%

Source: National Health and Medical Research Council, 2010





**AX VALIST**

### The Incidence of Somatic Complaints

N=	101	97	94	292
Complaints	GP	Neurology	Psychiatry	Total
Insomnia	32%	38%	39%	36%
Headache	32%	44%	33%	36%
Loss of Appetite	22%	27%	32%	27%
Back/Joint Pain	22%	30%	28%	27%
Dizziness	17%	27%	22%	22%
GI Problems	17%	22%	23%	21%
Other	1%	1%	1%	1%
TOTAL	145%	189%	178%	170%

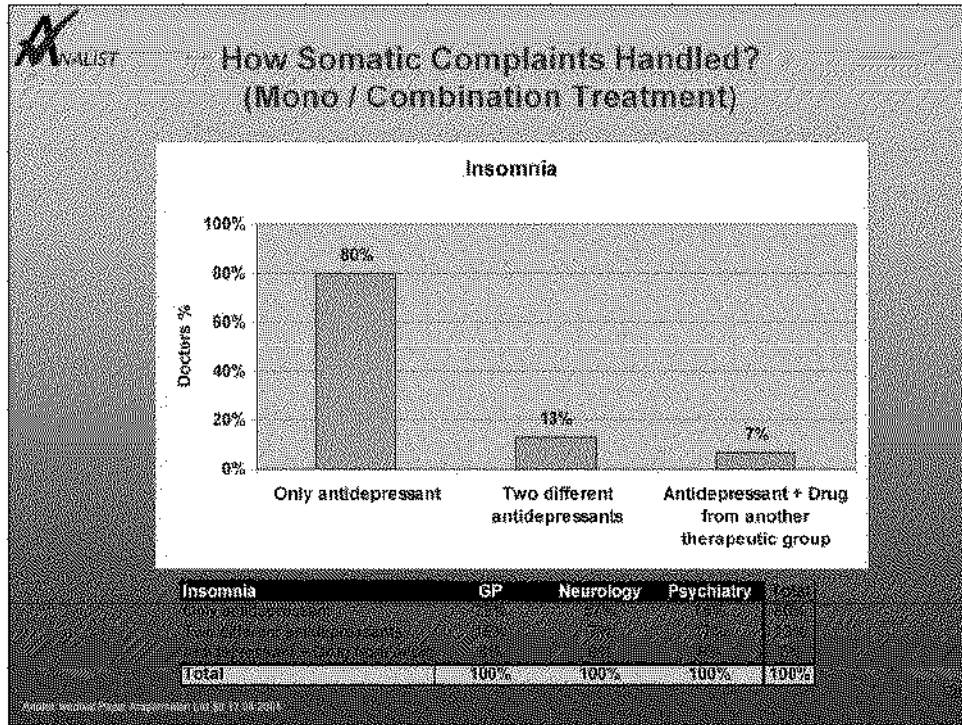
Printed: Medical Point HealthPlan L33 on 11/05/2015

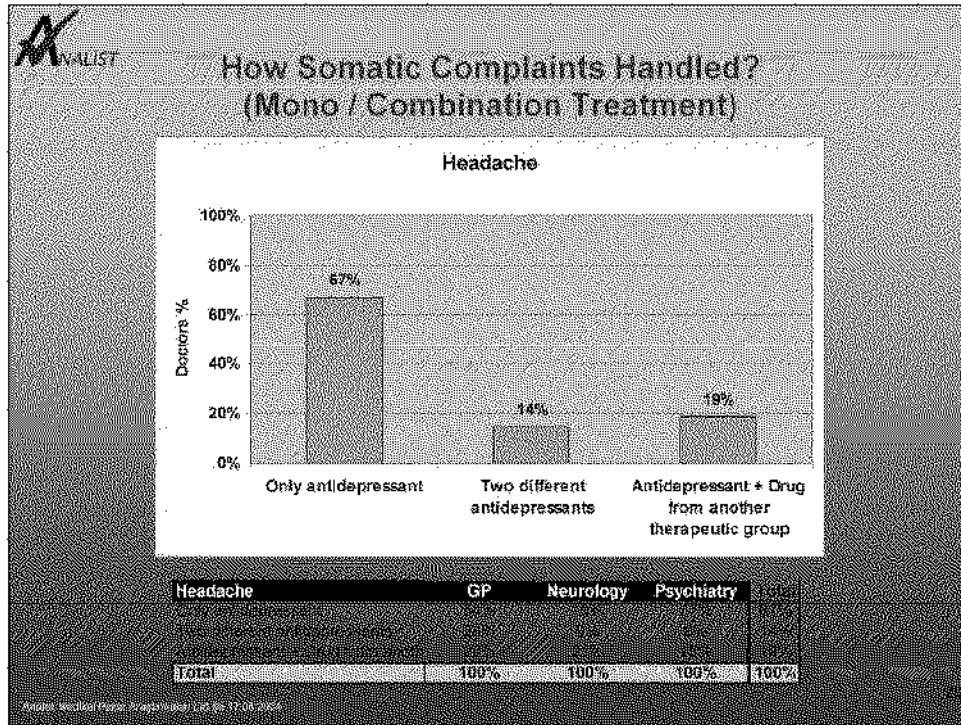


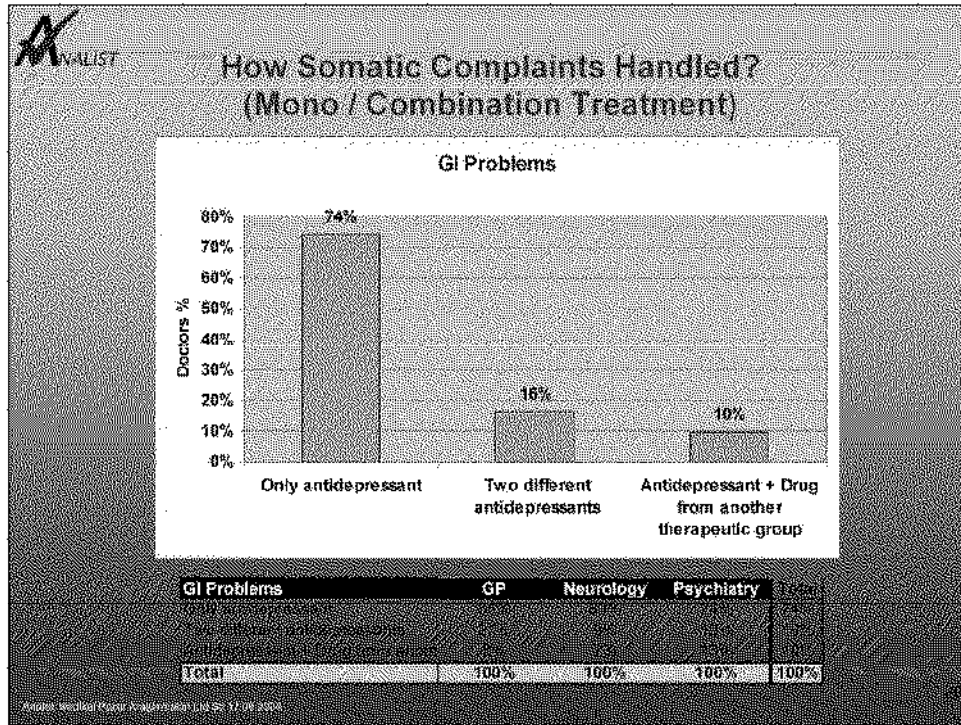


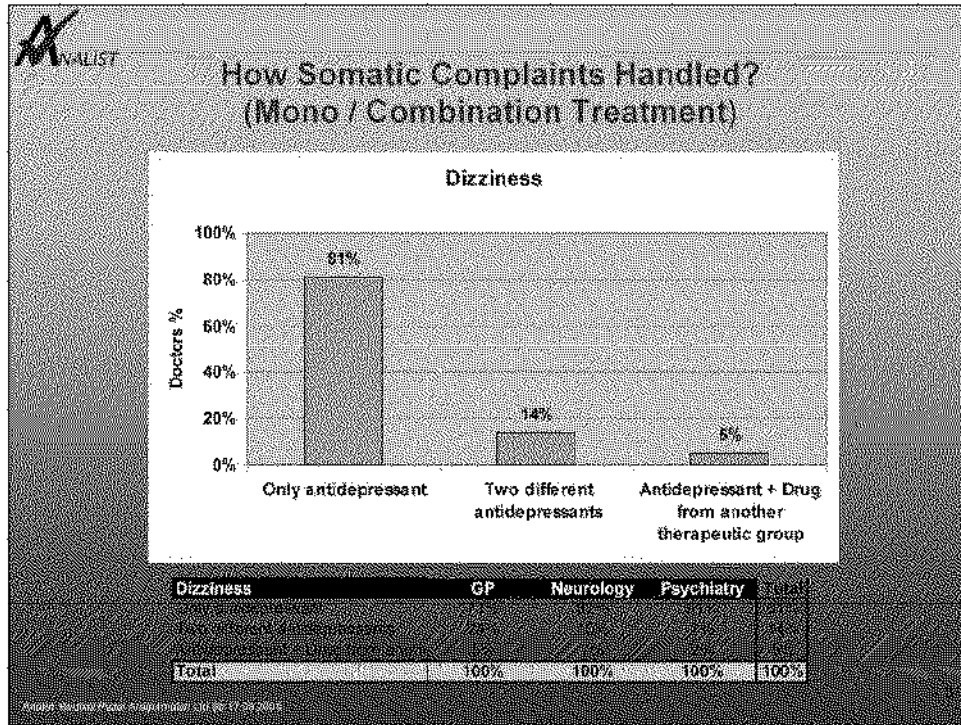


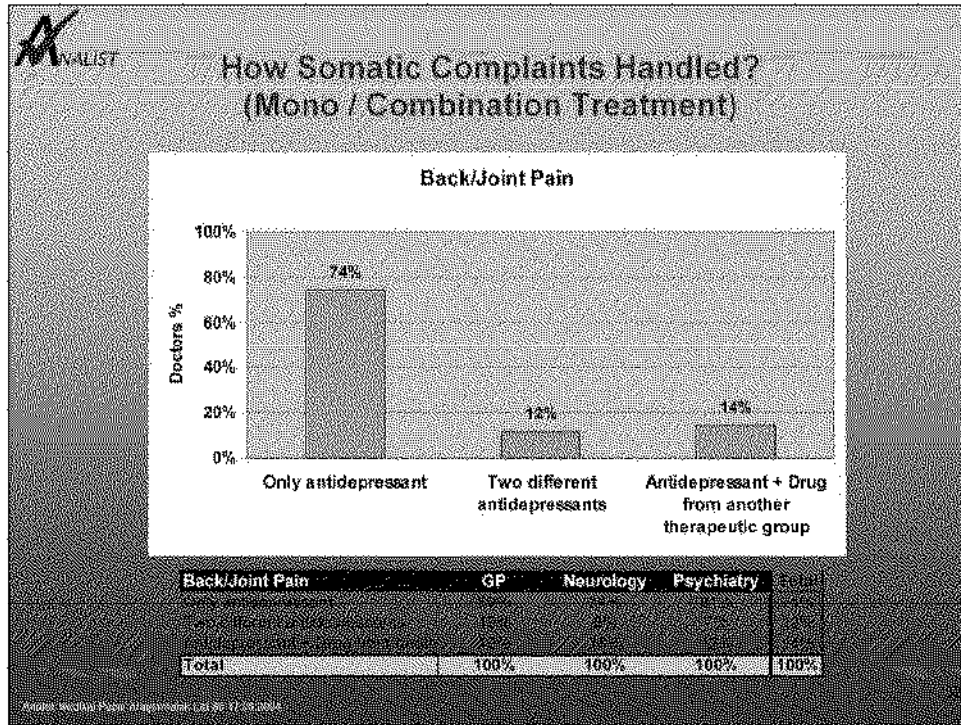


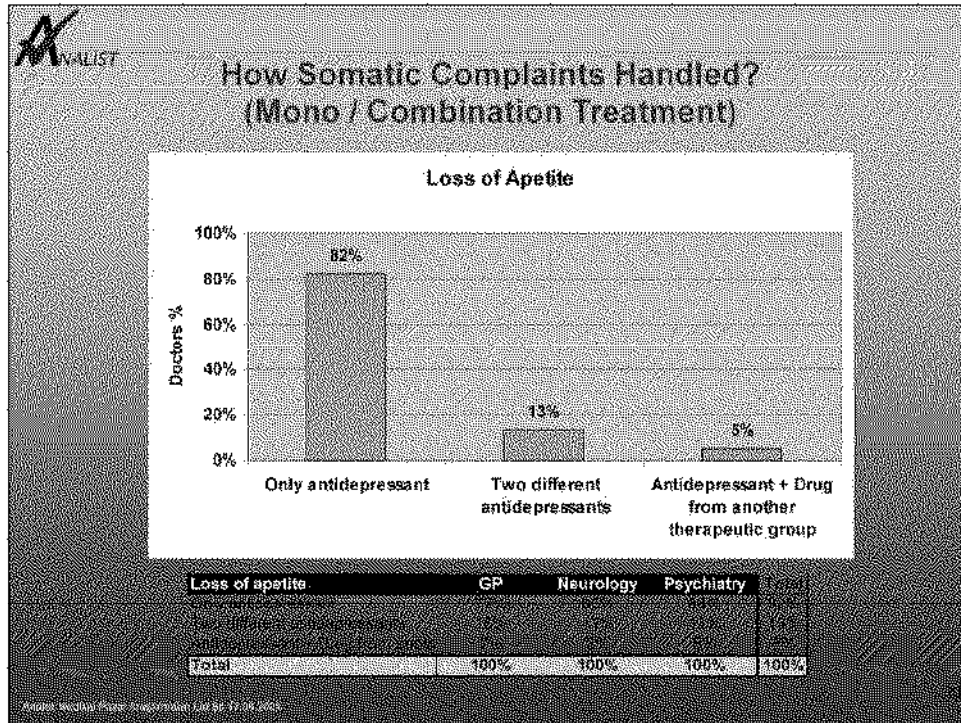















## First Preferred Antidepressant in Case of Somatic Complaints

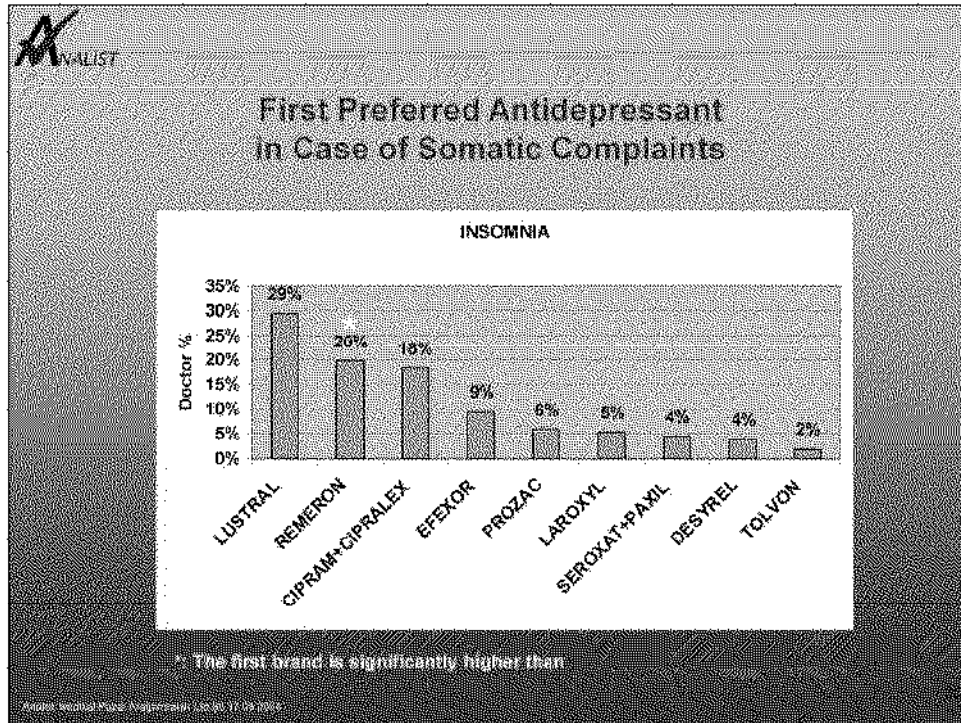
- Respondents were asked which antidepressant was their first preference in case of certain somatic problems.

### AGGREGATE

- In all the somatic complaints more respondents mentioned Lustral as their first choice. In all the complaints Lustral's lead is a significant one except in Back / Joint Pain. It shares the leadership with Efexor in Back / Joint Pain.

Poster: Surveys: First Antidepressant List 30-12-2014

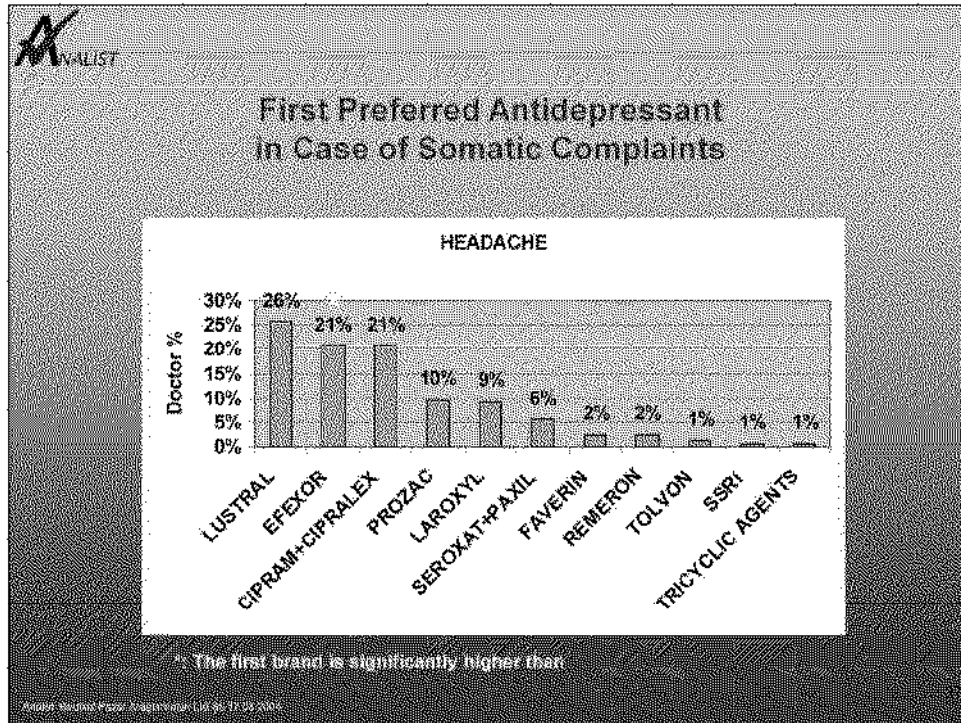




**First Preferred Antidepressant  
in Case of Somatic Complaints**

<b>Insomnia - Preferred Antidepress.</b>	<b>GP</b>	<b>Neurology</b>	<b>Psychiatry</b>	<b>Total</b>
LUSTRAL	41%	23%	24%	29%
REMERON	17%	18%	25%	20%
CIPRAMIL/PHALEX	22%	17%	16%	18%
EFEXOR	4%	10%	8%	9%
PROZAC	5%	1%	5%	6%
LAROXYL	2%	0%	5%	5%
SEROKAT/PAXIL	1%	0%	4%	4%
DESYREL	2%	3%	0%	4%
TOLVON	1%	3%	2%	2%
ESLOPRAM	0%	1%	0%	0%
PAVERIN	0%	0%	1%	0%
SELETRA	0%	1%	0%	0%
ISSEV	1%	0%	0%	0%
TOPIRAM	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

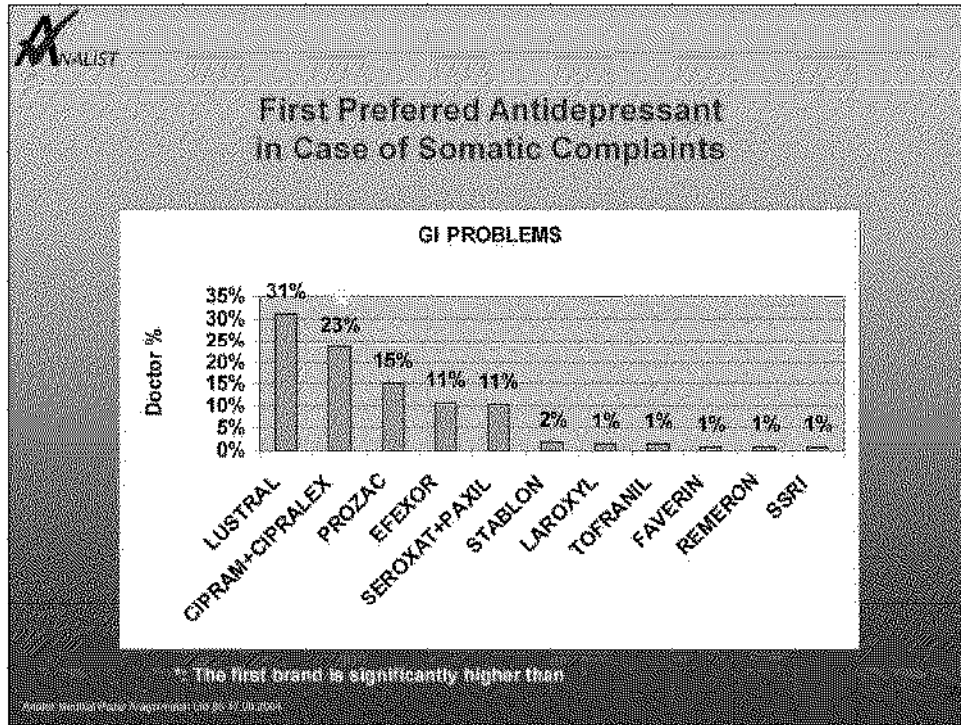
Pharm. Medical Assoc. Registration Ltd. 12.05.2014



**First Preferred Antidepressant  
in Case of Somatic Complaints**

Headache - Preferred Antidepress.	GP	Neurology	Psychiatry	Total
LUSTRAL	32%	24%	21%	26%
EPEXOR	10%	27%	26%	21%
CIPRAM-CIPRALEX	32%	18%	12%	21%
PROLAD	0%	9%	10%	10%
LAROXYL	5%	11%	12%	9%
SEPOXAT-PAXIL	0%	5%	1%	6%
FAVERIN	1%	1%	5%	2%
REMERON	0%	4%	3%	2%
TOLVON	1%	0%	3%	1%
SSRI	1%	0%	1%	1%
TRICYCLIC AGENTS	1%	1%	0%	1%
ALFODAX	1%	0%	0%	0%
OTICE	1%	0%	0%	0%
SECEP	1%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

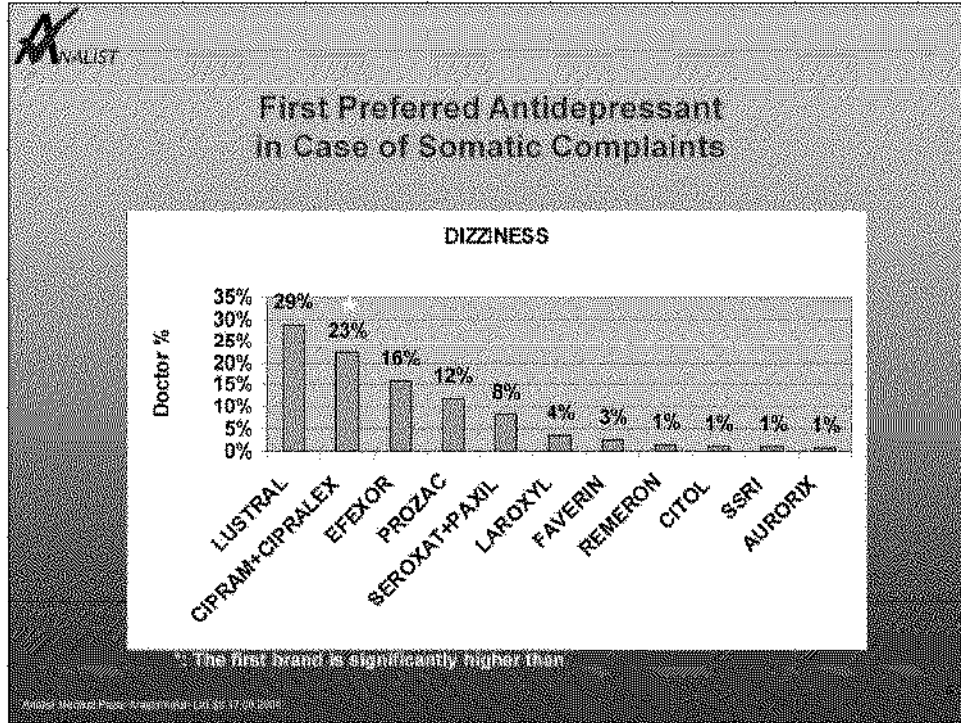
Patent: Weizel Patent (1999) Ltd. 99-12-01-2000



**First Preferred Antidepressant  
in Case of Somatic Complaints**

GI Problems - Preferred Antidepress.	GP	Neurology	Psychiatry	Total
LUSTRAL	34%	37%	22%	31%
CIPRAM-CIPRALEX	23%	28%	18%	23%
PROZAC	18%	12%	15%	13%
EFEXOR	10%	9%	13%	11%
SEROZAT-PAXIL	10%	1%	18%	11%
STARLON	2%	0%	3%	2%
LARONYL	0%	1%	3%	1%
TOFRANIL	0%	2%	2%	1%
FAVERIN	0%	1%	1%	1%
REMERON	0%	3%	2%	1%
SDR	0%	0%	2%	1%
AURORA	0%	1%	1%	0%
GESVRED	0%	0%	1%	0%
ROSDERIN	1%	0%	0%	0%
etc.	1%	0%	1%	0%
TRIMIPRAMINE	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Pharm. Services PIZZA Antidepressants Ltd 02 17 06 2008

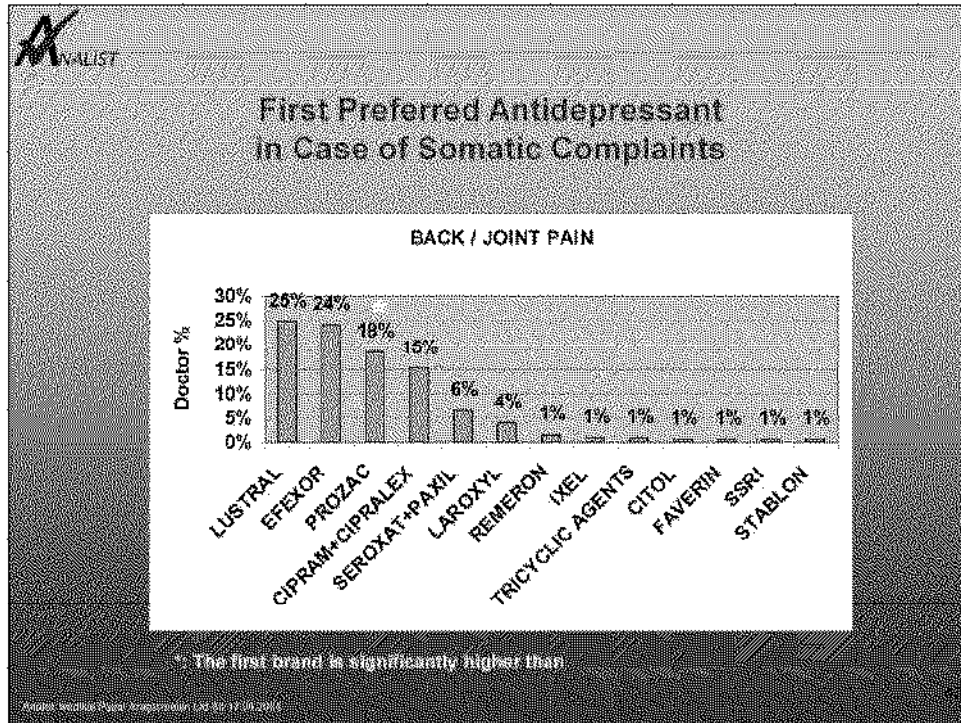




**First Preferred Antidepressant  
in Case of Somatic Complaints**

Dizziness - Preferred Antidepress.	GP	Neurology	Psychiatry	Total
LUSTRAL	43%	19%	26%	29%
CIPRAM-CIPRALEX	29%	24%	14%	23%
EFEXOR	12%	20%	16%	19%
PROZAC	9%	14%	13%	12%
SEROKAT-PAXIL	4%	11%	9%	8%
LAROXYL	1%	7%	2%	4%
FAVERIN	3%	0%	3%	3%
REMERON	1%	1%	2%	1%
CITOL	0%	3%	1%	1%
SSRI	1%	0%	2%	1%
ALIBOX	0%	1%	1%	1%
STABLOX	0%	1%	1%	1%
TOLECON	0%	0%	2%	1%
ANAPRANIL	0%	0%	1%	0%
DESYREL	0%	0%	1%	0%
TACITIZ-AGENTS	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

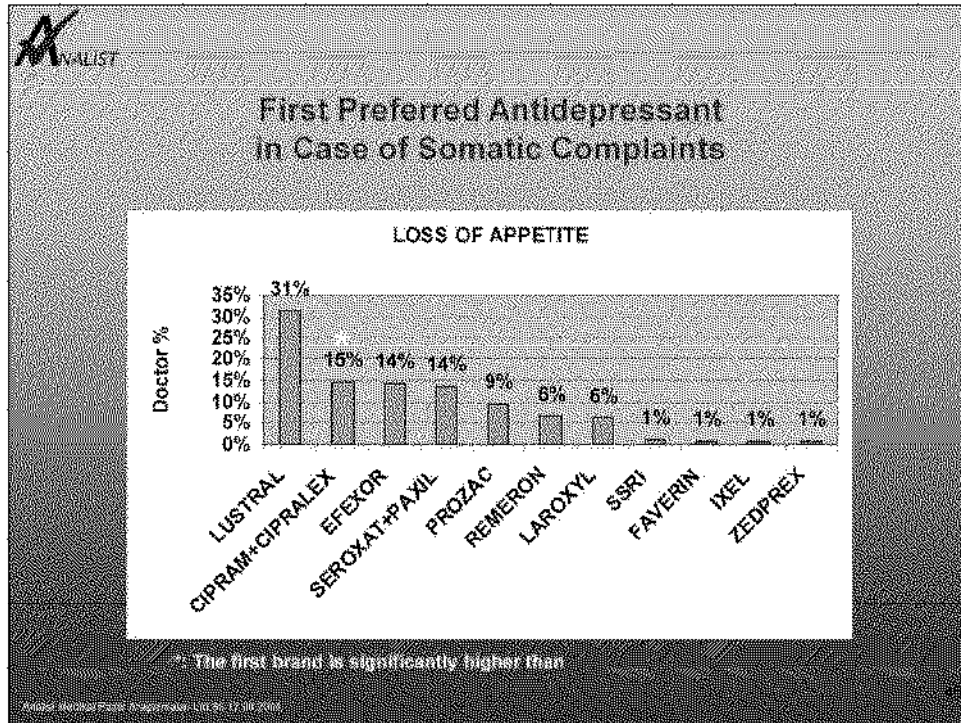
Antidepressant Usage Program - L10 05/11/2014



**First Preferred Antidepressant  
in Case of Somatic Complaints**

Back/Joint Pain - Preferred Antidepress.	GP	Neurology	Psychiatry	Total
LUSTRAL	24%	23%	27%	25%
EFEXOR	24%	25%	22%	24%
PROZAC	21%	11%	24%	19%
CIPRAMIL/CEPRALOX	16%	20%	9%	15%
SEROXAT+PAXIL	6%	6%	4%	6%
LAROXYL	2%	6%	3%	4%
REMERON	0%	3%	1%	1%
IXEL	0%	1%	2%	1%
TRICYCLIC AGENTS	3%	0%	0%	1%
CITOL	0%	1%	1%	1%
FAVERIN	0%	0%	2%	1%
SSRI	0%	0%	2%	1%
SL/CLON	0%	1%	0%	1%
ALPROM	1%	0%	0%	0%
Other	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

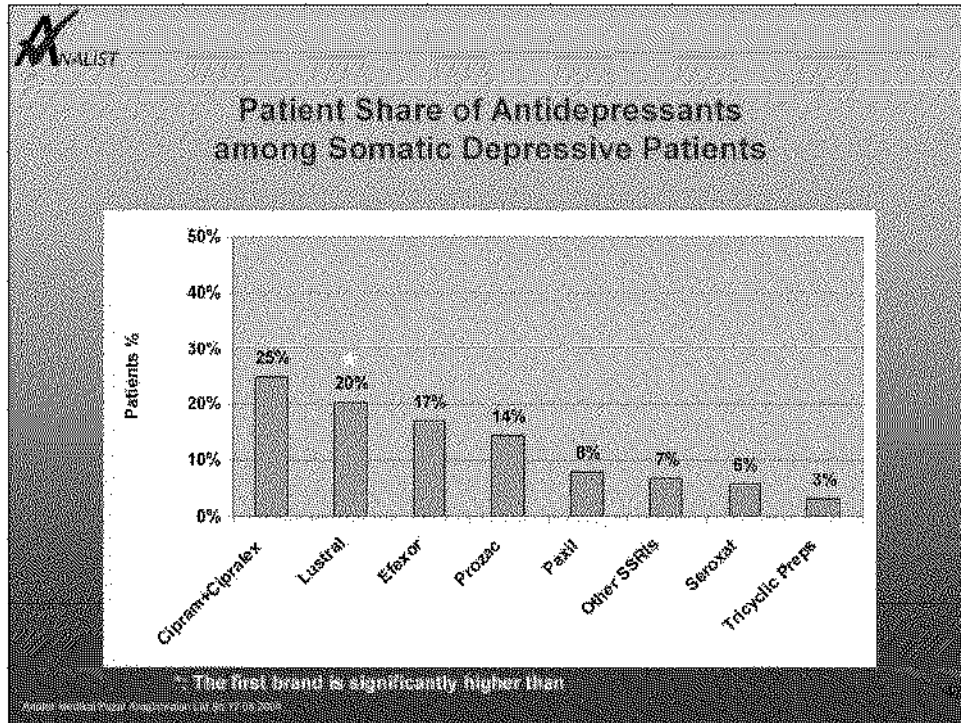
Private Medical Practice Appraisal List 01: 17-08-2008



**First Preferred Antidepressant  
in Case of Somatic Complaints**

Loss of Appetite - Preferred Antidepress.	GP	Neurology	Psychiatry	Total
LUSTRAL	27%	34%	33%	31%
CIPRALA=CIPRALEX	16%	17%	12%	15%
EFEXOR	11%	13%	17%	14%
SEROXAT=PAXIL	17%	14%	11%	14%
PROZAC	15%	4%	5%	9%
REMERON	6%	4%	10%	8%
LAROXYL	2%	11%	4%	6%
SSRI	1%	0%	2%	1%
FAVERIN	0%	0%	2%	1%
IXEL	0%	0%	2%	1%
ZEPHOREX	0%	1%	1%	1%
INDOLEN	1%	0%	0%	0%
TRICYCLIC AGENTS	1%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Report: 05/22/2015 10:43:10 AM L14 05/17/2015





**ANALYST**

### Patient Share of Antidepressants among Somatic Depressive Patients

Patient %	N=	101	97	94	292
		GP	Neurology	Psychiatry	Total
Cipram + Cipralox	33%	25%	21%	25%	25%
Lustral	23%	22%	18%	20%	20%
Effexor	13%	17%	20%	17%	17%
Prozac	13%	10%	17%	14%	14%
Paxil	7%	9%	8%	8%	8%
Other SSRIs	5%	9%	8%	7%	7%
Seroquel	6%	5%	8%	6%	6%
Troycic Procs	2%	4%	3%	3%	3%

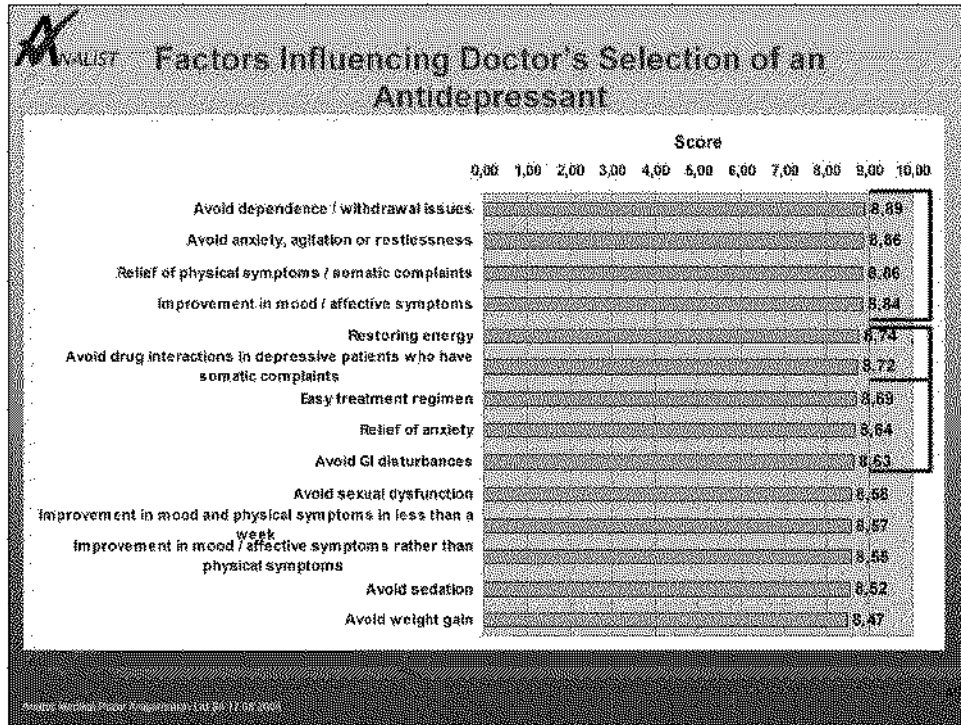
Among GPs Cipram + Cipralox leads

Among Neurology Cipram + Cipralox and Lustral lead

Among Psychiatrists there is tough competition between Cipram + Cipralox, Effexor, Lustral and Prozac.

Source: Medical Affairs, AstraZeneca Ltd. 30/11/14/2014





**ANALIST**

## Factors Influencing Doctor's Selection of an Antidepressant (Sorted according to Total)

	No	101	97	94	292
	GP	Neurology	Psychiatry	Total	
Avoid dependence / withdrawal issues	8.08	8.48	8.91	8.89	
Avoid anxiety, agitation or restlessness	8.71	8.69	8.19	8.80	
Relief of physical symptoms / somatic complaints	8.81	8.11	8.64	8.80	
Improvement in mood / affective symptoms	8.77	8.81	8.94	8.84	
Restoring energy	8.82	8.77	8.82	8.84	
Avoid drug interactions in depressive patients who have somatic complaints	8.59	8.73	8.88	8.72	
Easy treatment regimen	8.53	8.63	8.86	8.68	
Relief of anxiety	8.58	8.73	8.83	8.64	
Avoid GI disturbances	8.57	8.62	8.66	8.63	
Avoid sexual dysfunction	8.57	8.65	8.79	8.68	
Improvement in mood and physical symptoms in less than a week	8.57	8.71	8.74	8.67	
Improvement in mood / affective symptoms rather than physical symptoms	8.25	8.69	8.44	8.65	
Avoid drowsiness	8.27	8.53	8.58	8.61	
Avoid dizziness	8.29	8.71	8.66	8.67	

The results show that when prescribing Cymbalta to doctors four factors ("Avoid dependence / withdrawal issues", "Avoid anxiety, agitation or restlessness", "Relief of physical symptoms / somatic complaints", "Improvement in mood / affective symptoms" must be addressed in order for a productive communication.

Photo Medical Policy Department 124 5/11/2015

	N=	101	37	24	152
		GP	Neurology	Psychiatry	Total
Avoid dependence / withdrawal issues		5.65	5.65	5.41	5.54
Point of physical symptoms / somatic complaints		5.81	5.11	5.63	5.45
Improvement in mood / affective symptoms		5.77	5.87	5.54	5.54
Avoid acute agitation or restlessness		5.73	5.65	5.15	5.49
Restoring energy		5.63	5.77	5.52	5.54
Avoid drug interactions in depressive patients who have somatic complaints		5.55	5.73	5.65	5.54
Avoid of cataplexies		5.57	5.65	5.65	5.57
Easy treatment regimen		5.53	5.65	5.55	5.56
Avoid sexual dysfunction		5.37	5.65	5.75	5.56
Avoid suicides		5.35	5.53	5.50	5.51
Point of anxiety		5.35	5.73	5.55	5.54
Avoid weight gain		5.25	5.43	5.55	5.47
Improved mood and energy despite less than 50% improvement in depressive symptoms		5.23	5.7	5.4	5.51
Postmenstrual mood reactivity symptoms more than physical symptoms		5.23	5.43	5.55	5.51

Received: 14/05/2018; Accepted: 18/06/2018; Published: 17/08/2018

**AK** **WALIST**

**Factors Influencing Doctor's Selection of an Antidepressant  
(Sorted according to Neurology)**

	N=	101	97	94	292
		GP	Neurology	Psychiatry	Total
Relief of physical symptoms / somatic complaints		5.81	5.11	5.64	5.56
Avoid dependence / withdrawal issues		5.65	5.58	5.51	5.53
Improvement in mood / affective symptoms		5.17	5.91	5.54	5.51
Restoring energy		5.62	5.77	5.62	5.74
Relief of anxiety		5.30	5.75	5.53	5.54
Improvement in mood and physical symptoms in less than a week		5.27	5.77	5.74	5.57
Avoid drug interactions in depressive patients who have somatic complaints		5.58	5.70	5.68	5.72
Avoid anxiety, agitation or restlessness		5.71	5.69	5.19	5.66
Easy treatment regimen		5.55	5.66	5.65	5.63
Improvement in mood / affective symptoms rather than physical symptoms		5.23	5.68	5.74	5.55
Avoid GI disturbances		5.57	5.54	5.66	5.55
Avoid sedation		5.57	5.67	5.55	5.62
Avoid sexual dysfunction		5.37	5.69	5.55	5.55
Avoid weight gain		5.25	5.57	5.65	5.52

These results (together with the previous ones) indicate that when promoting Cymbalta to Neurologists, "Relief of somatic symptoms" has to be mentioned at the first place.

Notes: Akkod Prep. Anonymous L17-25 11-26-2014

**Factors Influencing Doctor's Selection of an Antidepressant  
(Sorted according to Psychiatry)**

	N=	131	87	64	282
		GP	Neurology	Psychiatry	Total
Avoid anxiety, agitation or restlessness		8.71	8.69	8.79	8.66
Improvement in mood / affective symptoms		8.77	8.81	8.94	8.84
Relief of anxiety		8.80	8.73	8.93	8.84
Avoid dependence / withdrawal issues		8.86	8.88	8.91	8.89
Avoid drug interactions in depressive patients w/o have somatic complaints		8.68	8.75	8.86	8.72
Easy / frequent regimen		8.63	8.64	8.85	8.69
Reasoning clarity		8.62	8.77	8.62	8.74
Avoid sexual dysfunction		8.37	8.60	8.79	8.59
Improvement in mood and physical symptoms in less than a week		8.27	8.71	8.74	8.57
Improvement in mood / affective symptoms rather than physical symptoms		8.25	8.69	8.74	8.55
Avoid GI disturbances		8.57	8.66	8.66	8.63
Relief of physical symptoms / somatic complaints		8.51	8.11	8.64	8.39
Avoid weight gain		8.24	8.43	8.60	8.47
Avoid sedation		8.37	8.63	8.69	8.52

When promoting Cymbalta to Psychiatrists, to gain confidence to the drug, it has to be mentioned that Cymbalta does not cause anxiety, agitation or restlessness.

It is a positive point for Cymbalta to see that "Improvement in mood / affective symptoms rather than physical symptoms" were evaluated to be medium to low importance compared in other factors. This means that physical symptoms areas important as mood / affective symptoms.

Nevertheless when promoting to Psychiatrists talking first about Cymbalta's efficacy to mood symptoms then its efficacy to physical symptoms will be more appropriate.

Source: Global Data, September 13 to 14, 2014

**ANALYST**

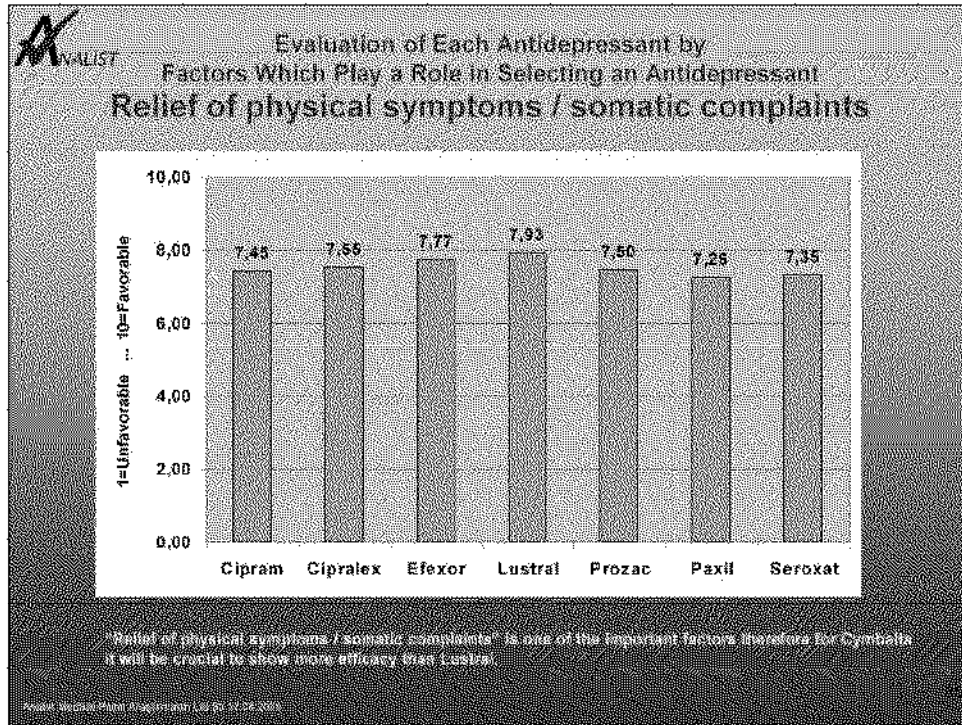
**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant**

**Relief of physical symptoms / somatic complaints**

Doctors were presented with factors which play a role in preferring an antidepressant and were requested to rate some of the antidepressants according to each factor. There were 7 antidepressants (Cipram-citalopram, Cipralex-escitalopram, Efexor-venlafaxin, Lustrai-bertraine, Paxil-paroxetine, Prozac-fluoxetine, Serenat-paroxetine) and doctors were asked to rate each antidepressant for each factor on a scale of 1= Do not agree at all / Not Successful ... 10= I totally agree / Very successful; for "No idea" 'X' was used. No idea was not included in calculations.

Poster Abstracts Poster Symposium Ltd on 17.06.2014





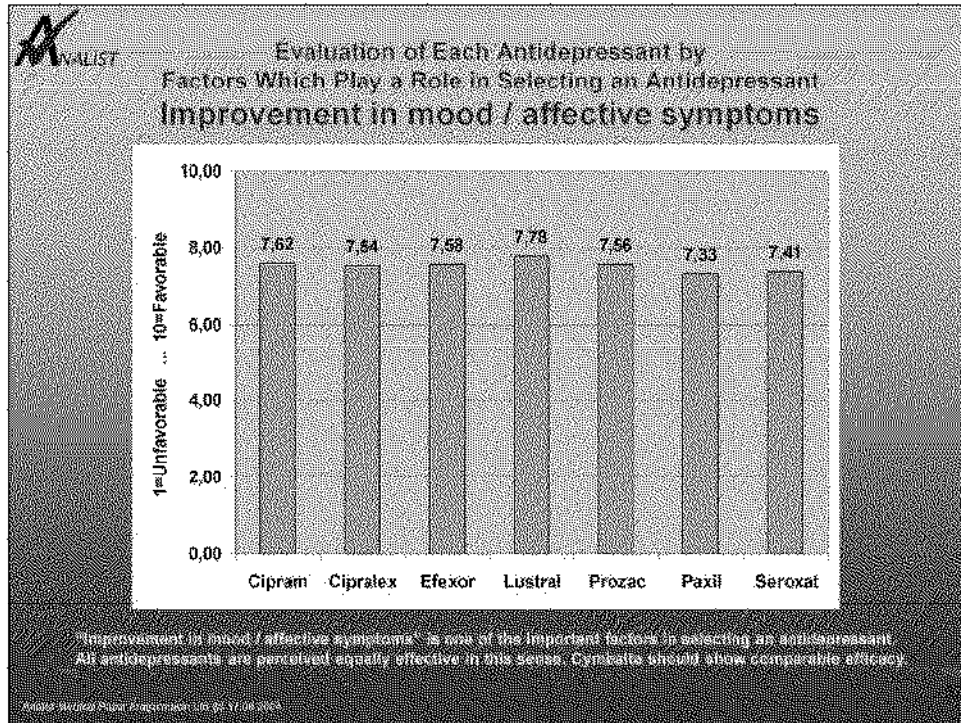


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Relief of physical symptoms / somatic complaints**

	Specialty				
Verl	GP	Neurology	Psychiatry	Total	N
Cipram	7.80	7.49	7.02	7.45	273.00
Cipratex	7.75	7.59	7.31	7.55	245.00
Elexor	7.64	7.79	7.88	7.77	282.00
Lustral	8.26	7.77	7.72	7.95	283.00
Prozac	7.82	7.27	7.38	7.50	274.00
Paxil	7.32	7.22	5.15	7.05	204.00
Sertral	7.58	7.34	7.32	7.54	261.00

ANALYST ANALYST LTD. 17.05.2014

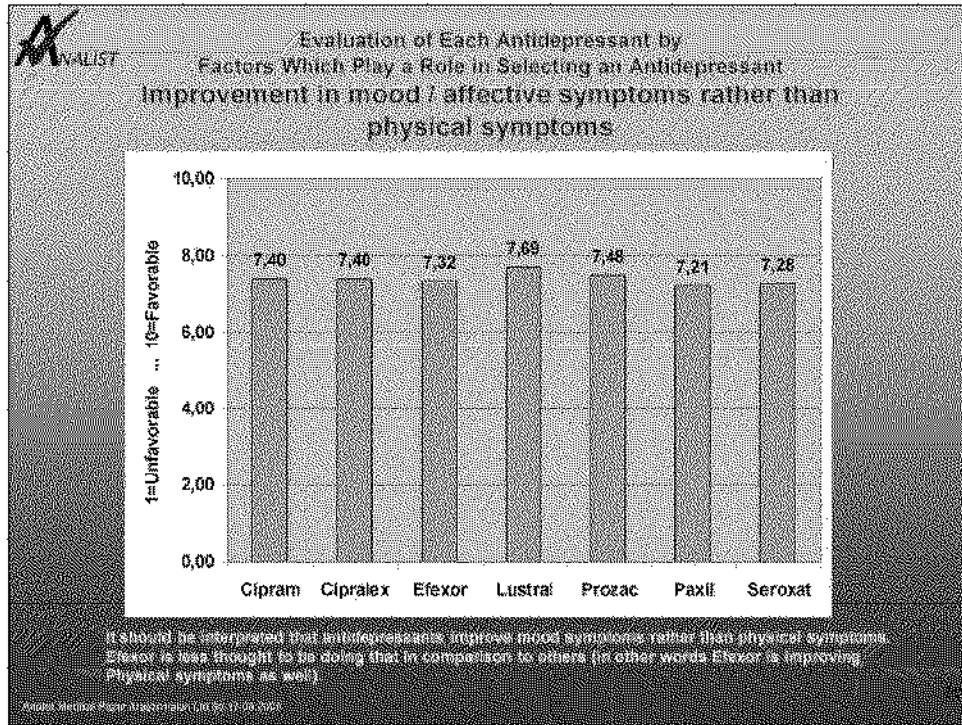


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Improvement in mood / affective symptoms**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cyram	7.59	7.67	7.58	7.62	272.00
Cymbalox	7.63	7.64	7.44	7.54	246.00
Effexor	7.60	7.64	7.60	7.58	261.00
Lustral	7.65	7.66	7.70	7.78	280.00
Prozac	7.62	7.66	7.58	7.65	277.00
Paxil	7.19	7.61	7.50	7.43	231.00
Wellbutrin	7.29	7.41	7.64	7.42	249.00

Private Mental Health Services Ltd. 17/05/2014

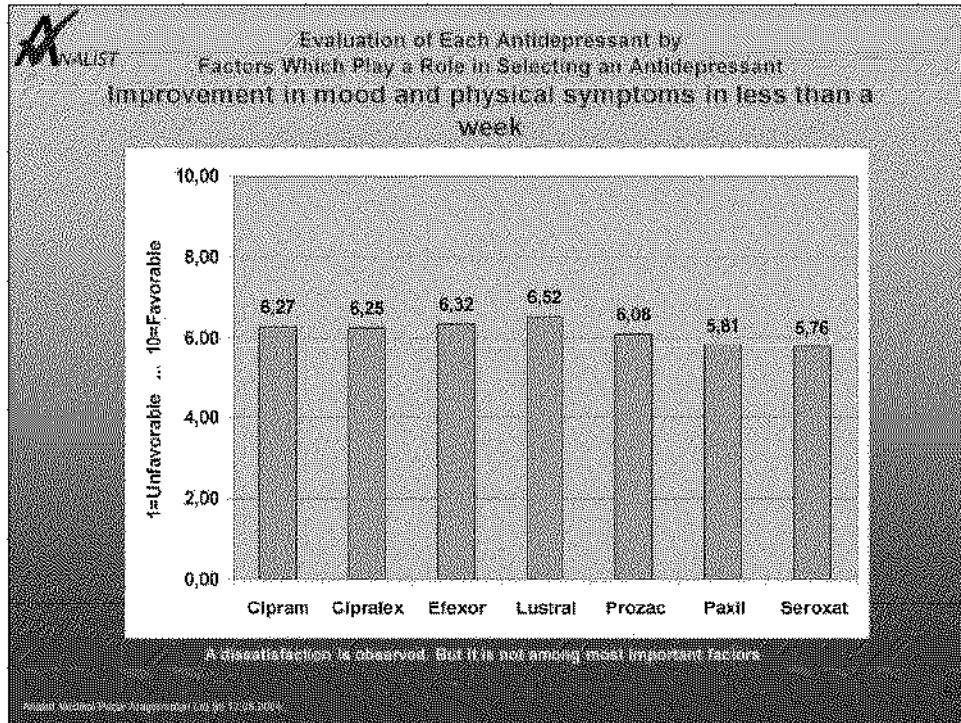


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Improvement in mood / affective symptoms rather than  
physical symptoms**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cipram	7.47	7.42	7.32	7.40	266.00
Cipralext	7.51	7.34	7.35	7.40	240.00
Effexor	7.35	7.30	7.29	7.32	275.00
Lustral	7.60	7.42	7.74	7.59	275.00
Prozac	7.33	7.36	7.75	7.48	322.00
Proxi	7.06	7.24	7.51	7.27	228.00
Remeron	7.20	7.10	7.24	7.18	244.00

Report VeriMed Inc. - 17/05/2015





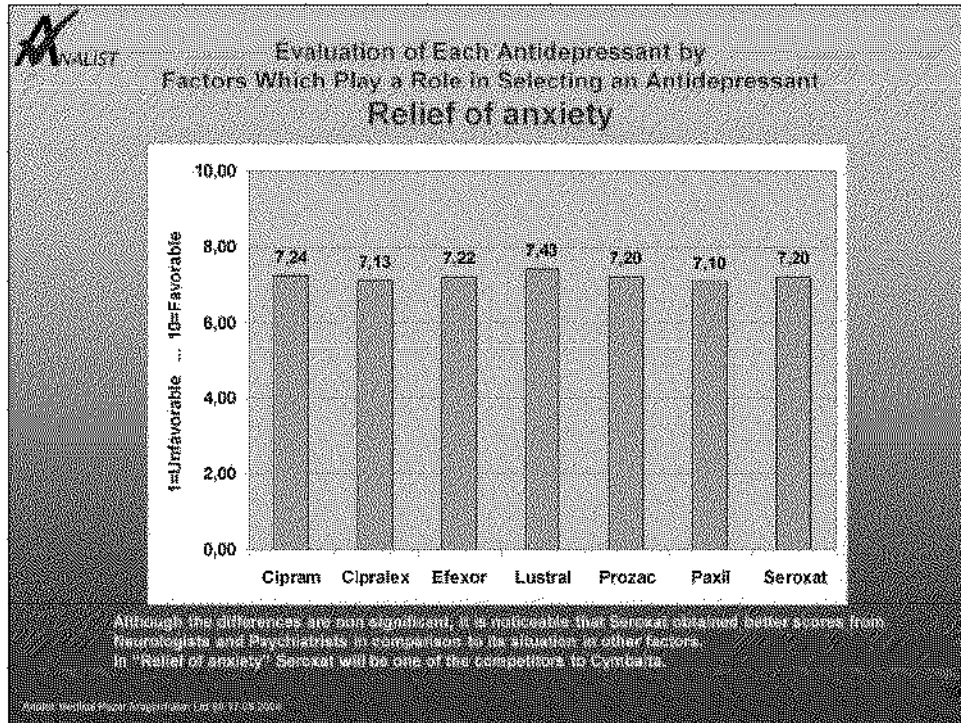
**AX VALIST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Improvement in mood and physical symptoms in less than a  
week**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Ciprom	8.53	8.16	8.98	8.27	287.00
Cipralox	8.53	8.19	8.31	8.25	241.00
Clexor	8.33	8.28	8.30	8.32	278.00
Custral	8.65	8.42	8.28	8.52	278.00
Prozac	8.28	8.14	8.78	8.38	278.00
Paxo	8.17	8.80	8.37	8.51	235.00
Remeron	8.15	8.72	8.28	8.73	248.00

AX VALIST PAXO THEOPHILIN LTD 30 11 14 2014



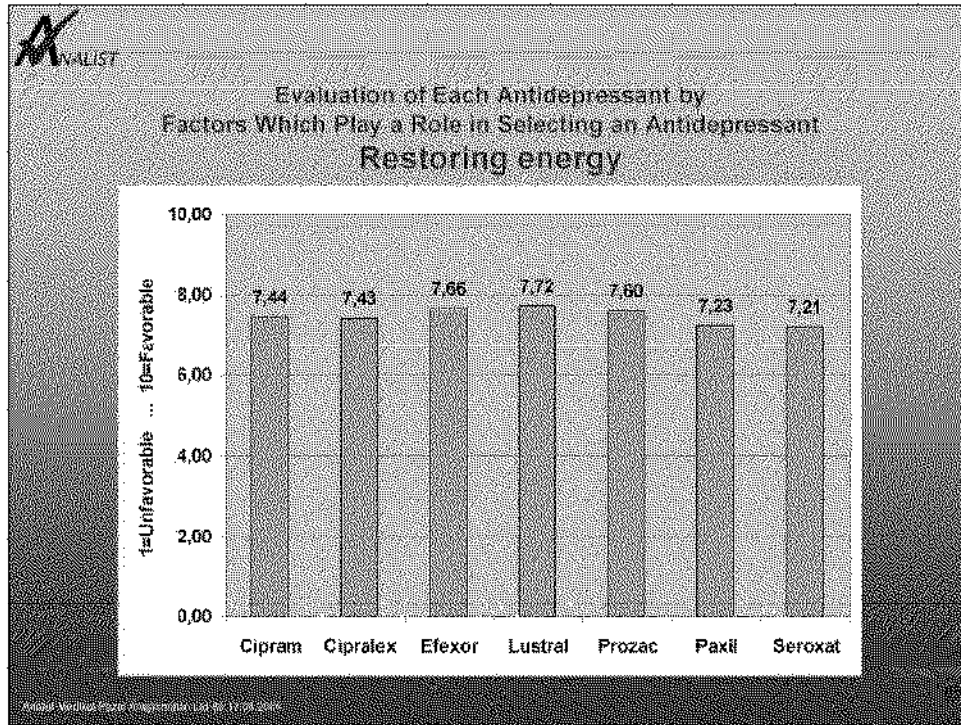


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Relief of anxiety**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cipram	7.85	7.01	7.04	7.24	204.00
Ciprale	7.48	6.95	6.95	7.13	329.00
Elexor	7.31	7.12	7.24	7.22	372.00
Lustra	7.87	7.21	7.49	7.43	370.00
Prozac	7.32	6.95	7.35	7.20	268.00
Paxil	7.10	6.95	7.04	7.10	210.00
Seroquel	7.61	7.14	7.45	7.40	237.00

Excel: Medical Plaza, Washington 1.0.0.0 12/03/2004

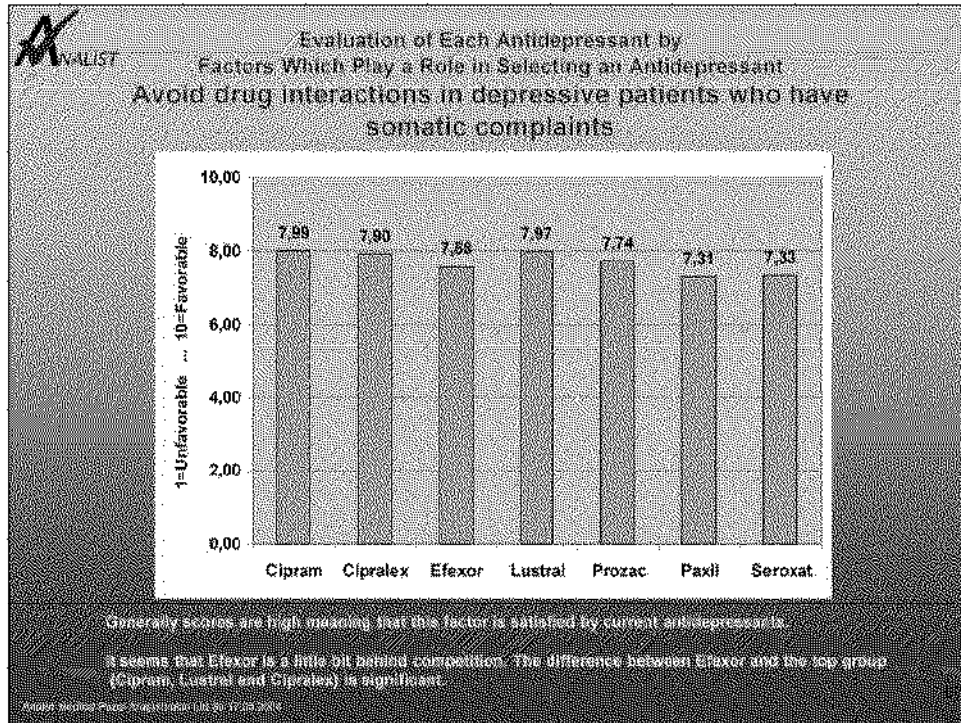


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Restoring energy**

Ven	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cipran	7.80	7.38	7.18	7.44	264.00
Citalopex	7.76	7.35	7.13	7.43	242.00
Elevox	7.73	7.63	7.61	7.66	277.00
Lustral	7.65	7.52	7.69	7.72	278.00
Prozac	7.65	7.32	7.62	7.60	279.00
Paxi	7.61	7.18	7.01	7.23	230.00
Serena	7.64	7.45	7.09	7.21	243.00

Printed: 05/22/2015 11:00:11 AM LAX BL 12-06-2004



**AWALIST**

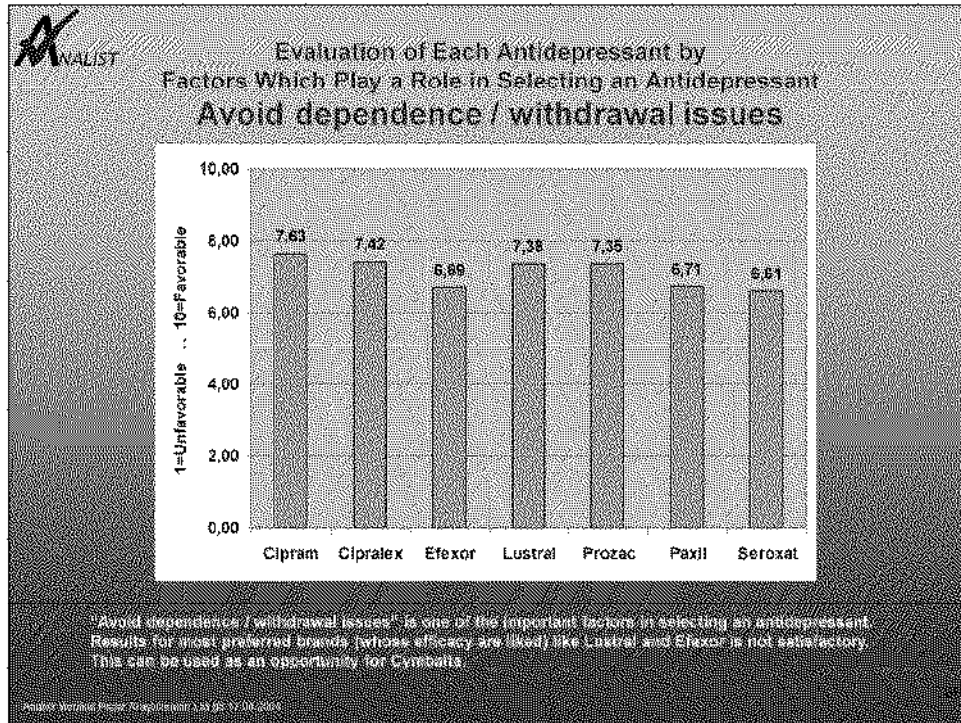
**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant**

**Avoid drug interactions in depressive patients who have  
somatic complaints**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cipram	6.23	7.83	7.87	7.39	269.00
Citalop	8.19	7.90	7.86	7.99	242.00
Staxor	7.63	7.45	7.43	7.58	270.00
Lustral	6.22	7.61	7.87	7.37	276.00
Prozac	7.66	7.81	7.63	7.74	249.00
Paxil	7.57	7.65	7.05	7.35	229.00
Wellbut	7.67	7.17	7.10	7.30	242.00

Source: Avalara, Inc. 11 September 2014. Last 9/17/14, 2014.



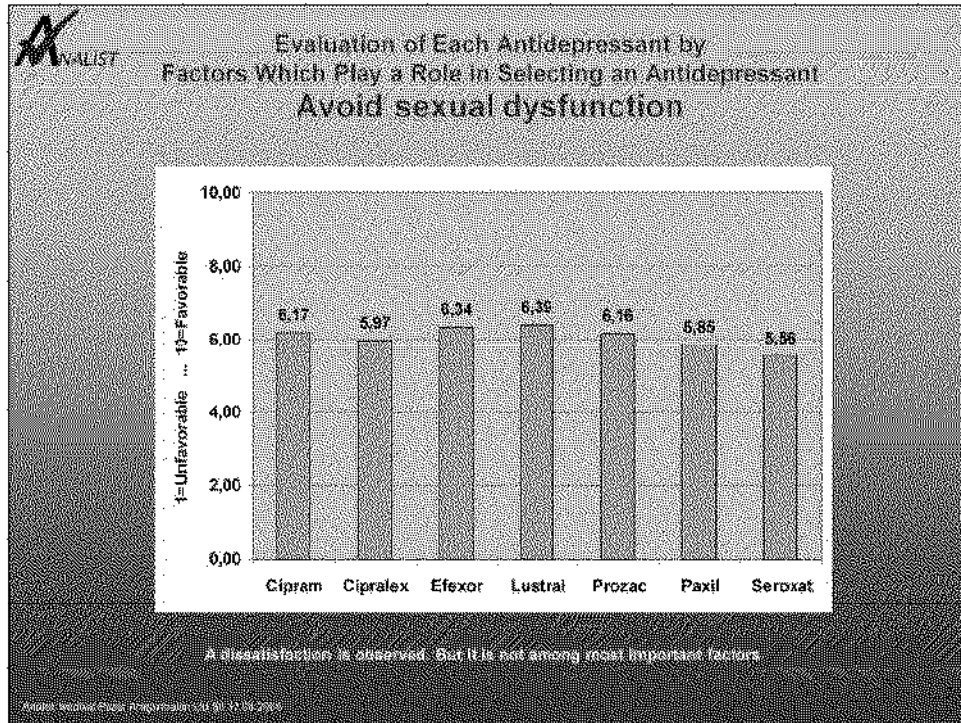


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Avoid dependence / withdrawal issues**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Codram	7.66	7.36	7.33	7.63	269.00
Coprex	7.79	7.16	7.27	7.42	244.00
Elevox	6.97	6.70	6.37	6.59	280.00
Lustal	7.87	7.13	7.08	7.36	279.00
Prozac	7.66	7.00	7.40	7.36	273.00
Pax	7.32	6.94	6.01	6.73	237.00
Sertral	7.15	6.97	6.11	6.61	247.00

Product: VeriMed Piller Acquisition Ltd. 12/05/2014

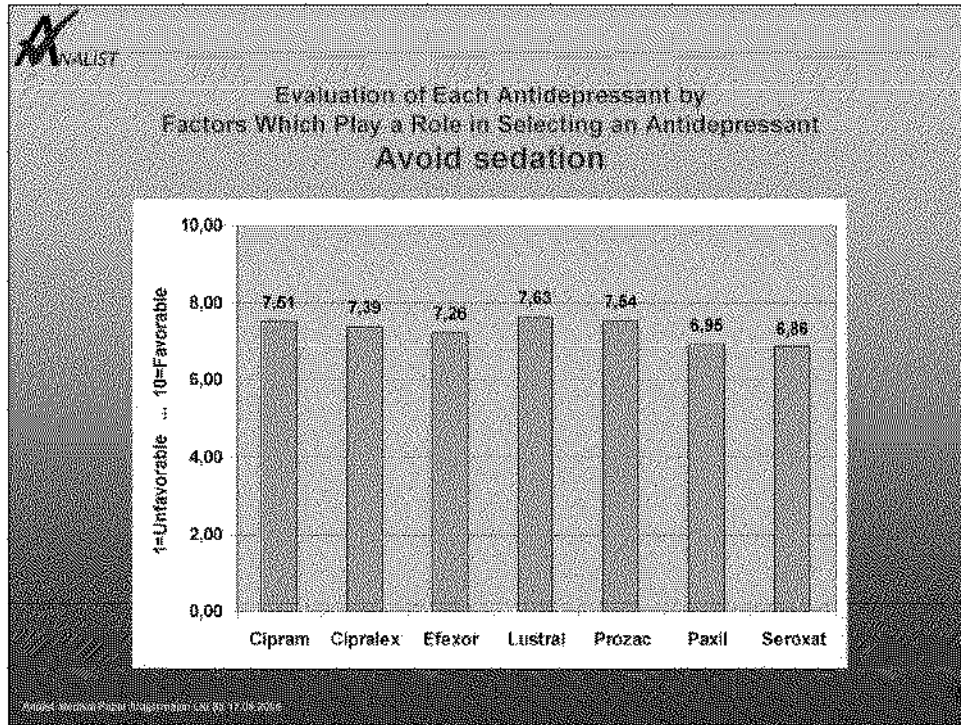


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Avoid sexual dysfunction**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cymbalta	7.00	6.00	5.45	6.17	354.00
Cipralex	6.88	5.82	5.17	5.97	258.00
Elavon	6.97	6.18	5.83	6.34	273.00
Lustral	6.88	5.17	5.97	6.38	275.00
Prozac	6.74	5.84	4.78	5.84	266.00
Paxil	6.78	5.77	5.05	5.85	239.00
Sertral	6.27	5.41	4.57	5.45	241.00

Pharm. Medical Prod. Antidepressants, Ltd. 05/17/05/004



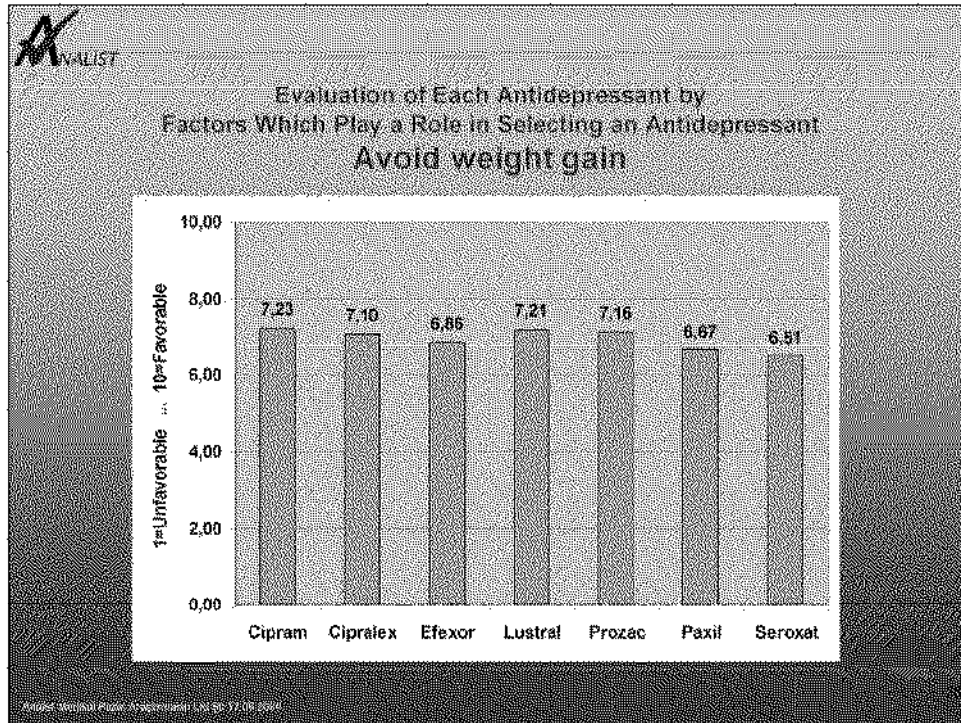
**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Avoid sedation**

Var	Specialty			Total	N
	GP	Neurology	Psychiatry		
Clorem	7.78	7.13	7.53	7.51	293.00
Cloxaex	7.74	7.22	7.19	7.39	235.00
Elexor	7.53	6.93	7.30	7.26	288.00
Lustal	8.04	7.00	7.61	7.33	273.00
Prozac	7.71	7.30	7.37	7.54	398.00
Reax	7.60	6.93	6.47	6.83	215.00
Sertral	7.34	5.61	6.50	6.25	238.00

Panel: Sertral (Data: Antidepressant List on 17.05.2014)



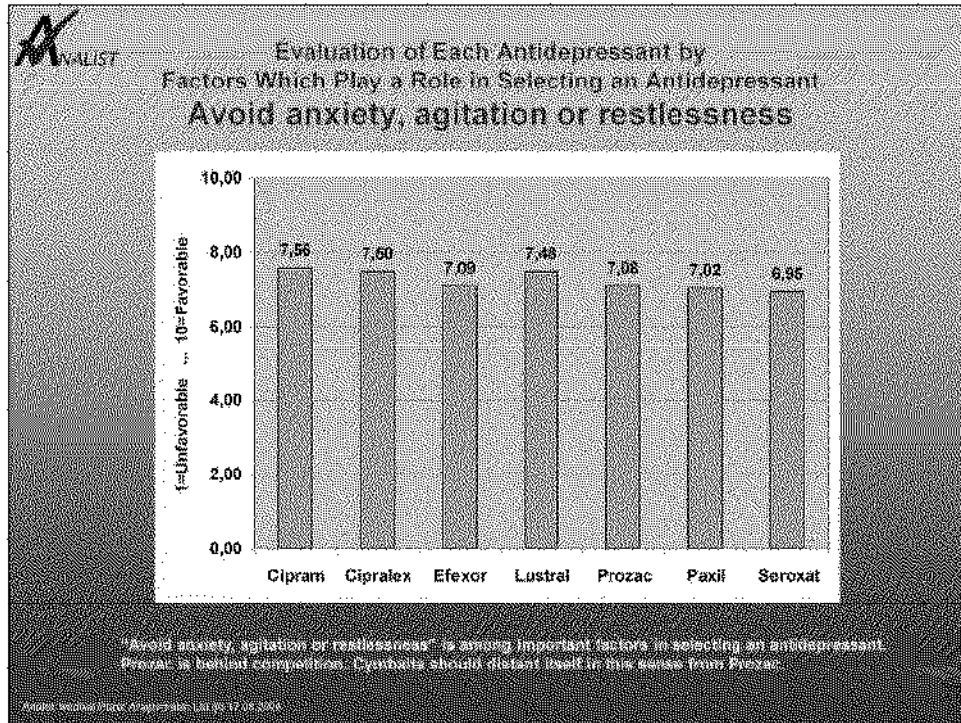


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Avoid weight gain**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Clofran	7.59	7.00	7.07	7.23	267.00
Clofranex	7.48	6.88	6.82	7.10	241.00
Efaxor	7.01	6.88	6.69	6.86	230.00
Lustral	7.53	7.02	7.08	7.21	278.00
Prozac	7.25	7.00	7.28	7.16	270.00
Paxil	7.39	6.88	6.84	6.87	323.00
Serenoat	7.02	6.23	6.45	6.57	242.00

ANALYST 05/22/15 11:00 AM 11/05/2014

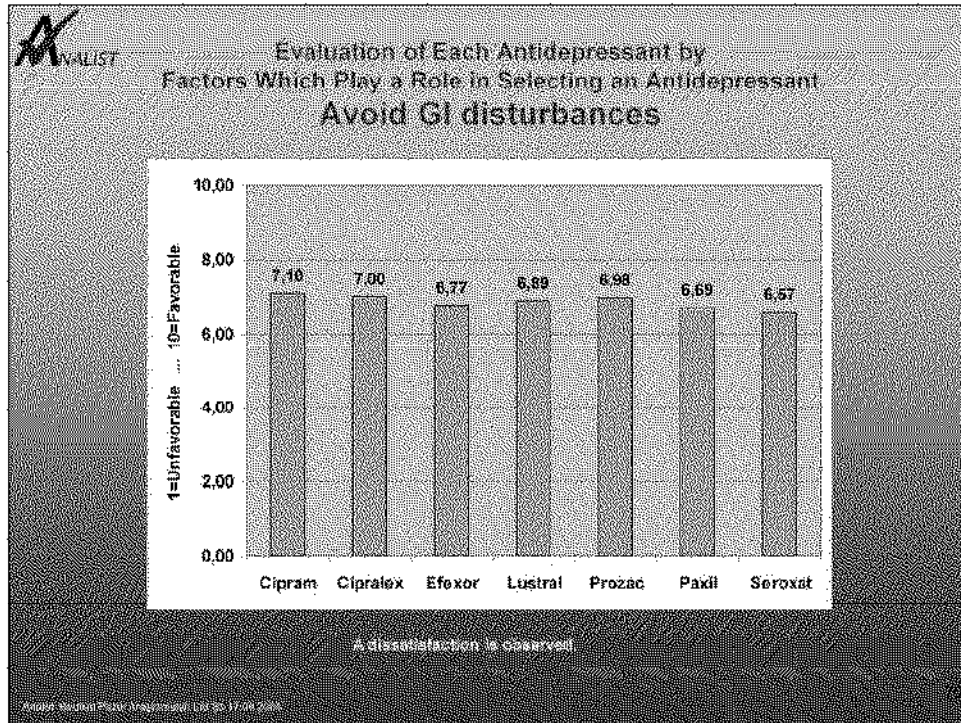


**ANALYST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Avoid anxiety, agitation or restlessness**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cipram	7.51	7.23	7.57	7.56	261.00
Cipralax	7.87	7.29	7.32	7.50	238.00
Elaxor	7.56	6.90	6.78	7.08	278.00
Lustral	7.79	7.27	7.37	7.48	275.00
Prisac	7.47	6.85	6.90	7.08	387.00
Revel	7.45	6.85	6.85	7.05	224.00
Sepranal	7.20	6.94	6.75	6.96	249.00

Amstat Statistical Package for Windows 1.00 (64-bit) 05/22/2015



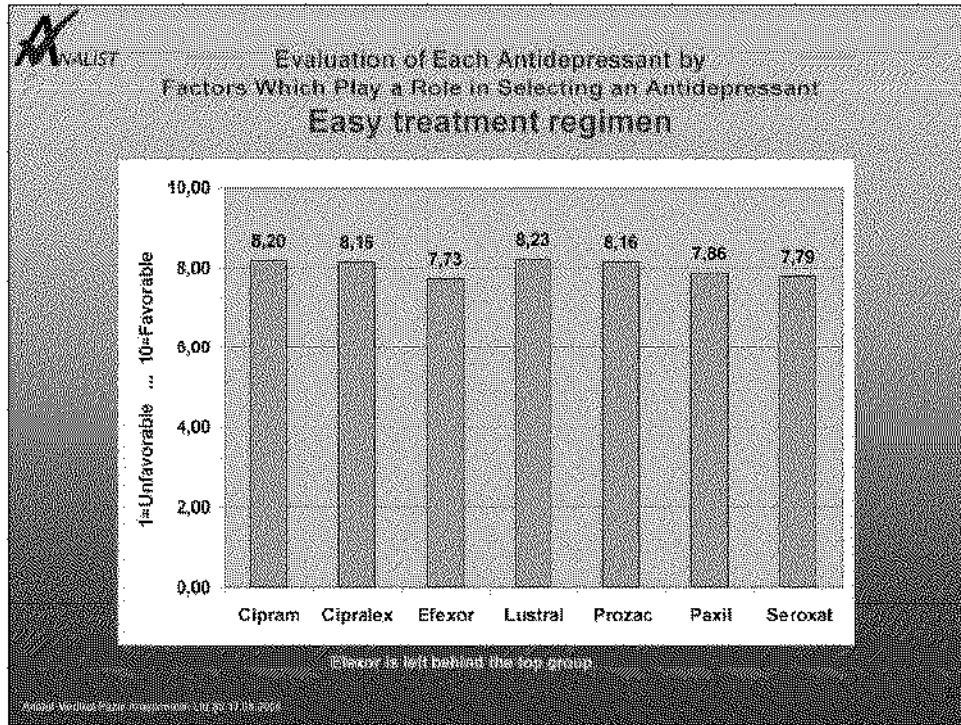
**AX VALIST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Avoid GI disturbances**

Veri	Specialty			Total	N
	GP	Neurology	Psychiatry		
Cipram	7.41	6.94	6.92	7.10	203.00
Cipralext	7.34	6.95	6.78	7.00	244.00
Etevor	7.32	6.81	6.47	6.77	177.00
Lustral	7.42	6.75	6.40	6.99	279.00
Prizac	7.26	6.75	6.88	6.99	274.00
Paxil	7.29	6.76	6.68	6.96	228.00
Seraxat	6.99	6.61	6.06	6.57	247.00

Report: Selecting Piles: Antidepressant List 05-11-05-2015



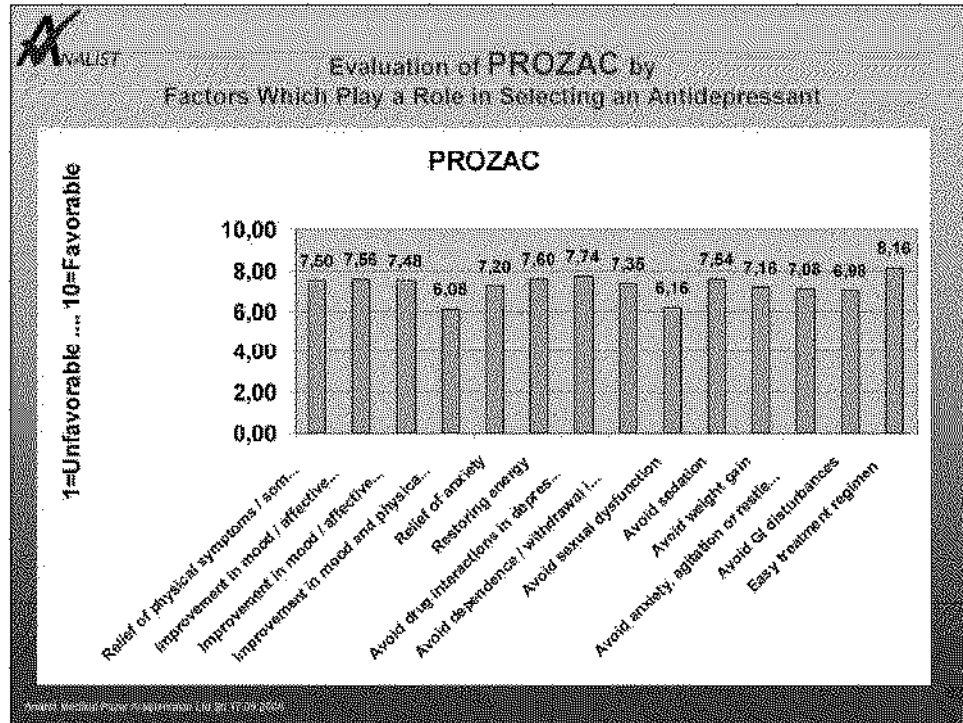


**AX VALIST**

**Evaluation of Each Antidepressant by  
Factors Which Play a Role in Selecting an Antidepressant  
Easy treatment regimen**

Veri	Specialty			Total	N
	GP.	Neurology	Psychiatry		
Cisapride	8.23	8.00	8.34	8.20	268.00
Citalopram	8.25	7.91	8.30	8.16	244.00
Effexor	7.84	7.45	7.67	7.79	277.00
Luvox	8.39	7.91	8.35	8.23	279.00
Prozac	8.19	8.04	8.39	8.16	274.00
Ram	8.00	7.82	7.79	7.86	228.00
Sertraline	7.91	7.54	7.90	7.79	242.00

Printed: 05/22/15 10:41 AM Page 84 of 159

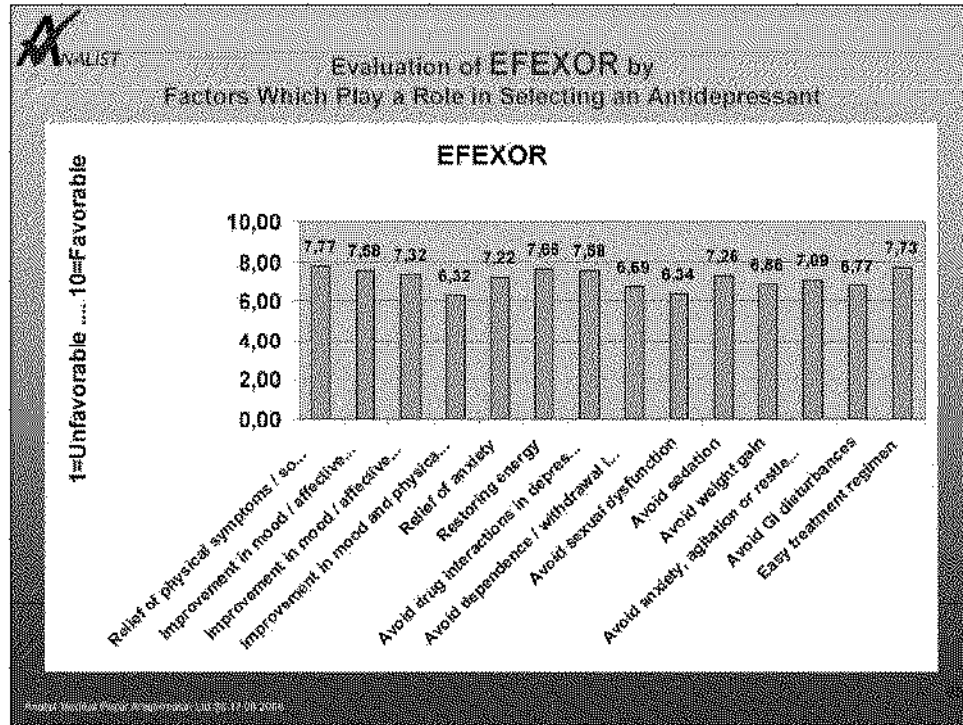


**AXIALIST**

**Evaluation of PROZAC by  
Factors Which Play a Role in Selecting an Antidepressant**

	GP	Neurology	Psychiatry	Total
Role of physical symptoms / somatic complaints	7.57	7.57	7.55	7.57
Improvement in mood / effective symptoms	7.57	7.55	7.55	7.55
Improvement in mood / effective symptoms rather than physical symptoms	7.55	7.55	7.55	7.55
Improvement in mood and physical symptoms at less than 4 weeks	7.55	7.55	7.55	7.55
Reduces anxiety	7.55	7.55	7.55	7.55
Restoring energy	7.55	7.55	7.55	7.55
Avoid drug interactions in depressive patients who have somatic complaints	7.55	7.55	7.55	7.55
Avoid dependence / withdrawal issues	7.55	7.55	7.55	7.55
Avoid sexual dysfunction	7.55	7.55	7.55	7.55
Avoid sedation	7.55	7.55	7.55	7.55
Avoid weight gain	7.55	7.55	7.55	7.55
Avoid initially reduction of antidepressant	7.55	7.55	7.55	7.55
Role of antidepressant	7.55	7.55	7.55	7.55
Role of patient / doctor	7.55	7.55	7.55	7.55

Printed: 05/22/2015 11:11 AM



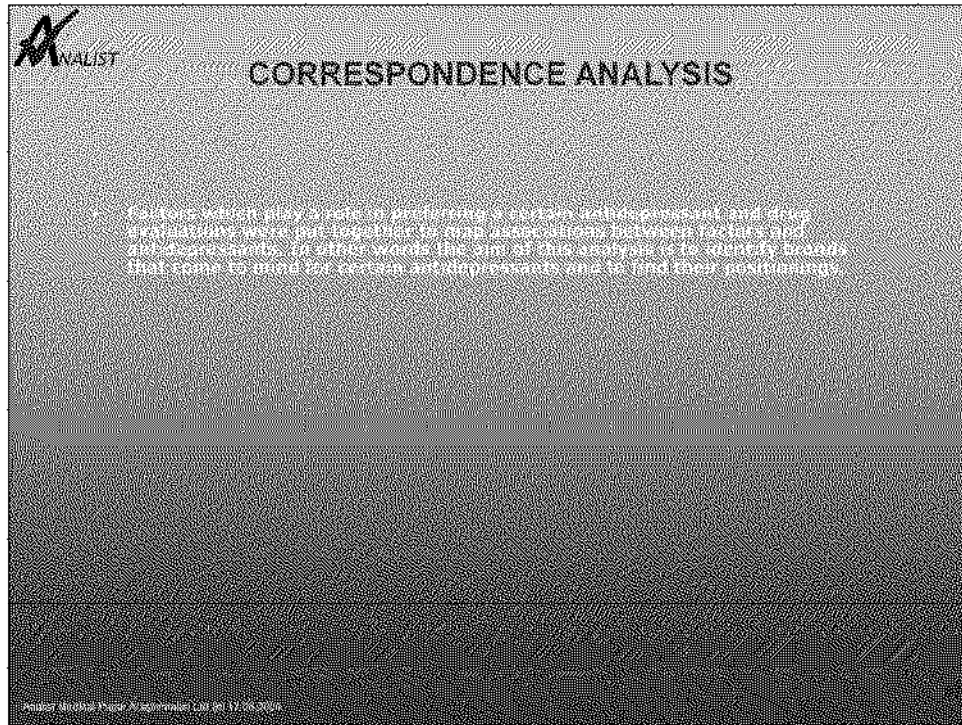
**AX VALIST**

**Evaluation of EFEXOR by  
Factors Which Play a Role in Selecting an Antidepressant**

	GP	Neurology	Psychiatry	Total
Relief of physical symptoms / somatic complaints	7.64	7.74	7.66	7.71
Improvement in mood / affective symptoms	7.60	7.54	7.60	7.58
Improvement in mood / affective symptoms rather than physical symptoms	7.35	7.36	7.38	7.32
Improvement in mood and physical symptoms in less than a week	6.58	6.28	6.30	6.37
Relief of anxiety	7.21	7.14	7.24	7.22
Restoring energy	7.73	7.60	7.61	7.62
Avoid drug interactions in depressive patients who have somatic complaints	7.83	7.16	7.43	7.53
Avoid dependence / withdrawal issues	6.97	6.70	6.37	6.68
Avoid sexual dysfunction	6.97	6.19	6.63	6.34
Avoid sedation	7.63	6.93	7.30	7.28
Avoid weight gain	7.61	6.68	6.60	6.86
Avoid persistent fatigue or restlessness	7.56	6.30	6.76	6.59
Avoid GI disturbances	7.22	6.31	6.47	6.51
Easy discontinuation	7.44	7.25	7.27	7.27

AX VALIST Private Agreement Ltd 03/11/2014







CYM-02784202

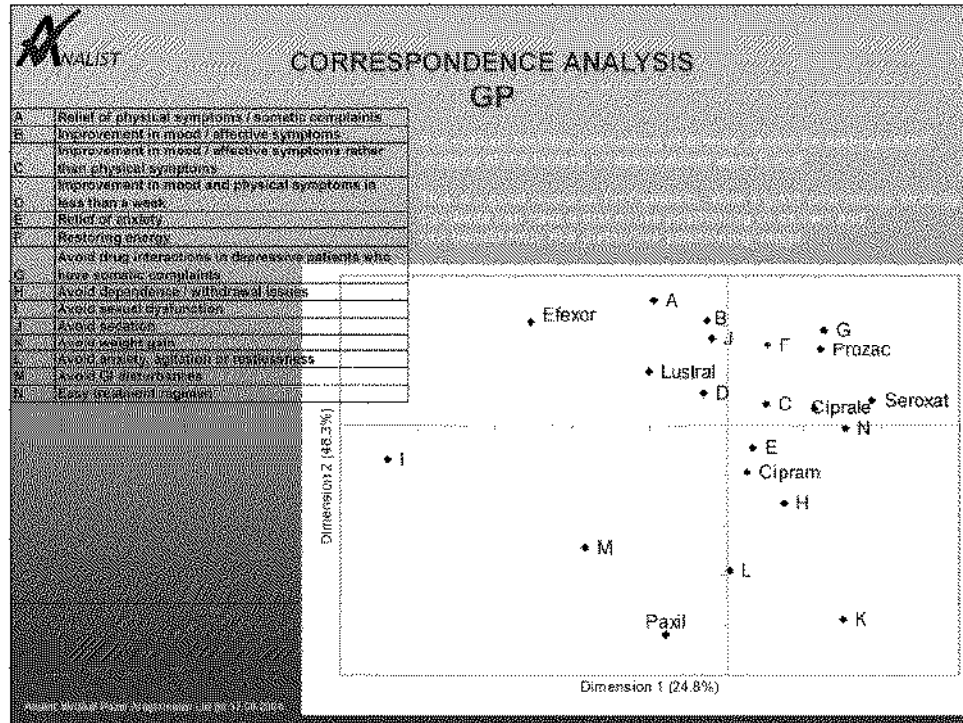
**AXIALIST CORRESPONDENCE ANALYSIS ASSOCIATION - INDEX AGGREGATE**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Optim	-1.78	0.95	-1.40	0.35	-0.05	0.83	0.69	-1.16	0.64	0.20	0.98	-1.27	0.48	0.00
Optimsk	0.04	0.26	-1.04	-0.43	-0.03	-0.42	0.51	0.65	-0.01	0.05	0.73	-1.14	0.40	0.22
Flexo	2.04	0.60	0.47	1.34	0.28	2.15	0.90	-0.79	0.61	0.55	0.80	-1.49	-0.51	2.06
Waza	1.00	0.32	0.43	1.10	0.15	-0.64	0.41	-1.05	0.68	-0.03	0.57	-0.73	-0.06	0.90
Paxi	0.45	0.07	0.59	1.51	0.41	0.64	0.68	0.20	-0.19	0.26	0.91	1.00	0.40	1.00
Prosp	-1.14	-0.73	0.75	-0.65	1.12	0.68	2.10	-1.25	-0.23	1.13	0.64	-1.25	0.53	1.85
Selend	-1.47	1.47	1.30	-0.32	1.45	0.35	2.33	-1.01	1.41	0.75	0.40	0.27	2.85	1.41

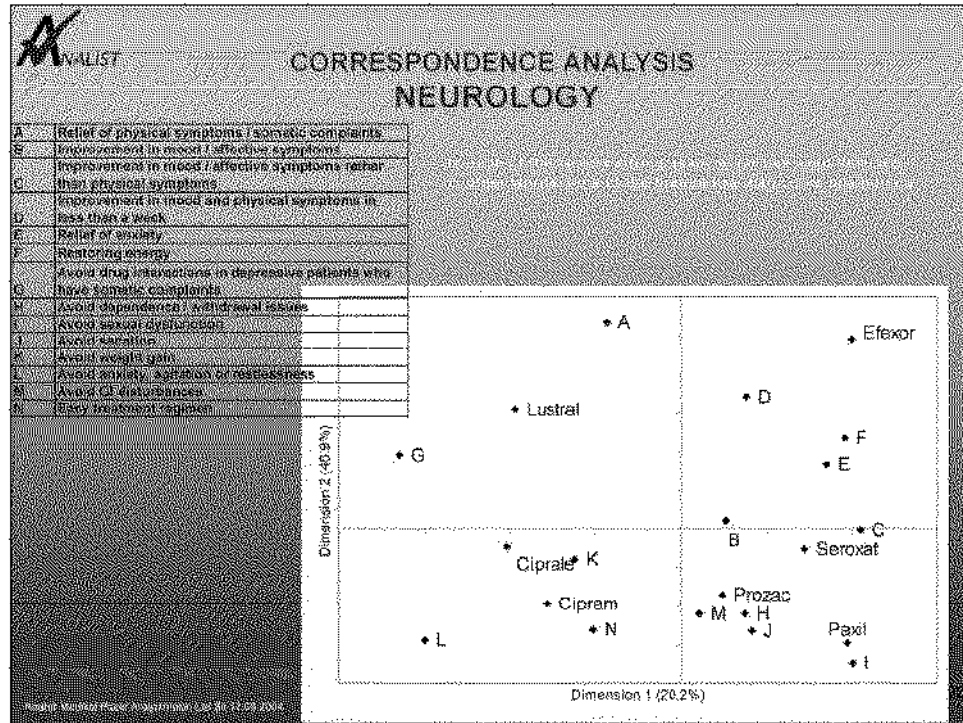
  

A	Relief of physical symptoms / somatic complaints
B	Improvement in mood / affective symptoms
C	Improvement in mood / affective symptoms rather than physical symptoms
D	Improvement in mood and physical symptoms in less than a week
E	Reduction in anxiety
F	Reduction in worry
G	More days characterized by depressive periods with less somatic complaints
H	More days characterized by depressive periods with more somatic complaints
I	More days characterized by depressive periods with less somatic complaints
J	More days characterized by depressive periods with more somatic complaints
K	More days characterized by depressive periods with less somatic complaints
L	More days characterized by depressive periods with more somatic complaints
M	More days characterized by depressive periods with less somatic complaints
N	More days characterized by depressive periods with more somatic complaints

Small Medical Paper Association Ltd 2013









**AXIALIST**

**CORRESPONDENCE ANALYSIS - INDEX**

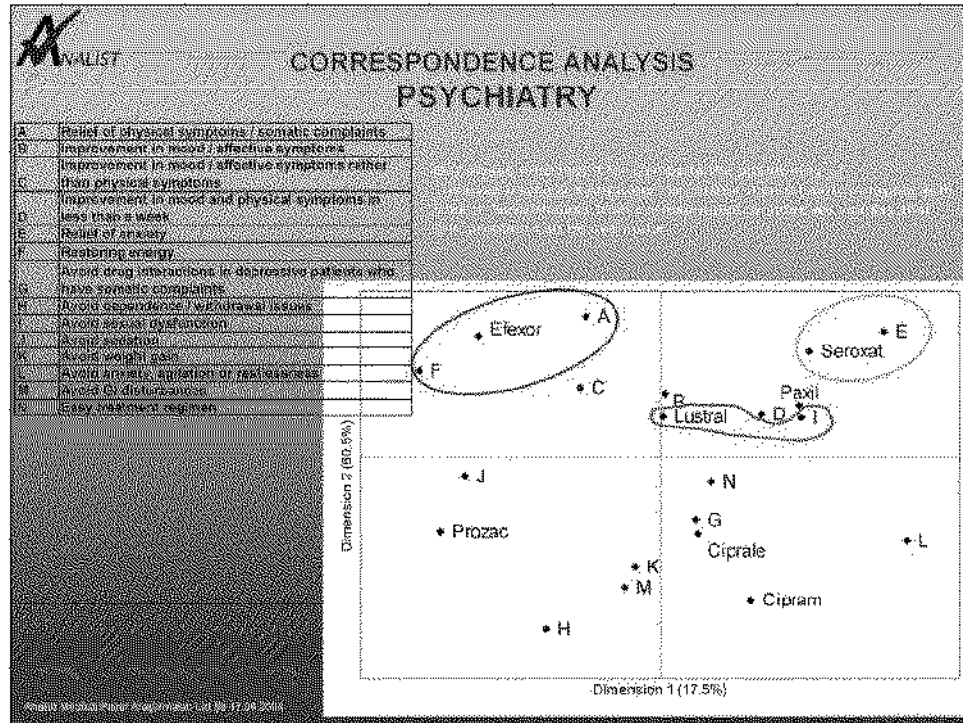
**NEUROLOGY**

AXIALIST is a registered trademark of Axialist, Inc. All rights reserved. No part of this document may be reproduced without written permission from Axialist, Inc.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Alzheimer	-0.07	0.05	-0.74	-0.87	-0.67	-0.12	0.21	-0.08	-0.42	0.28	0.60	-0.45	-0.37	-0.84
Creutzfeldt	0.18	-0.09	-0.50	0.10	0.08	-0.83	0.39	-0.35	-1.15	0.19	1.00	1.18	1.15	-0.87
Huntington	0.25	0.08	-0.06	1.58	0.81	1.81	0.47	-0.05	-0.23	0.34	0.07	-1.11	0.72	1.55
Levodopa	1.00	-0.47	-0.13	0.94	-0.27	0.08	1.35	-0.75	-0.04	-0.85	-0.24	-0.25	-0.55	-0.25
Parkinson	-0.93	-0.61	-0.81	-1.12	-0.42	-0.20	-0.07	-0.56	-0.48	0.59	-0.50	-0.10	-0.10	-0.40
Protein	-1.14	-0.35	-0.42	-0.04	-0.82	-0.12	-0.80	0.35	-0.42	1.35	0.14	-0.57	-0.53	-0.89
Relevant	0.27	-0.73	-0.10	0.40	1.19	-0.10	-0.13	0.34	-0.51	0.23	-0.02	-0.53	-0.52	-0.07

A: Absence of physical symptoms / benign symptoms  
 B: Improvement in mood / affective symptoms  
 C: Improvement in mood / affective symptoms rather than physical symptoms  
 D: Improvement in mood and physical symptoms in less than a week  
 E: Point of onset  
 F: Duration of illness  
 G: Age at onset  
 H: Age at death  
 I: Age at death  
 J: Age at death  
 K: Age at death  
 L: Age at death  
 M: Age at death  
 N: Age at death

AXIALIST, INC. 11/11/2014



**WALLIST**

**CORRESPONDENCE ANALYSIS - INDEX**

**PSYCHIATRY**

Correspondence Analysis (CA) is a statistical technique used to analyze the relationship between two sets of categorical data. It is particularly useful in the analysis of survey data, where the relationship between two sets of variables is of interest.

The CA technique is based on the principle of minimizing the inertia of the data matrix. The inertia is a measure of the total variance of the data, and the CA technique seeks to find the configuration of points in a low-dimensional space that best represents the relationships between the variables.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Caprine	-1.98	-0.40	1.98	0.00	-1.15	-1.25	0.88	-1.74	0.38	-0.94	0.62	1.65	1.22	-0.13
Onopeltus	-0.50	-0.42	1.02	-0.87	-0.75	-0.54	0.57	-0.79	-1.21	-0.99	-0.73	0.95	0.78	-0.64
Phrynosoma	1.88	0.73	-0.57	1.65	-0.02	1.17	0.64	-0.93	0.75	0.52	-0.65	-1.58	-0.48	1.31
Lusitana	0.40	-0.57	0.40	-0.77	0.02	-0.77	0.24	-0.85	2.25	0.25	-0.44	-0.89	0.23	0.27
Paki	0.71	-0.51	-0.53	-0.63	1.57	-0.05	0.41	-0.94	-0.31	-0.98	-0.95	-0.53	-0.88	-0.56
Protoparce	-0.85	-0.79	1.38	1.43	-1.03	-0.45	-0.25	-1.45	-0.35	-0.70	1.19	-1.14	-1.17	-0.50
Stenobothrus	0.72	-1.12	1.38	1.00	0.45	-0.55	0.56	-1.65	-1.27	-0.88	0.51	0.40	0.40	1.22

**A** Relief of physical symptoms / somatic complaints  
**B** Improvement in mood / affective symptoms  
**C** Improvement in mood / affective symptoms rather than physical symptoms  
**D** Improvement in mood and physical symptoms in combination  
**E** Relief of anxiety  
**F** Restoring energy  
**G** Active drug interventions in depressive patients who have somatic complaints  
**H** Active interventions with somatic symptoms  
**I** Active interventions with somatic symptoms  
**J** Active interventions with somatic symptoms  
**K** Active interventions with somatic symptoms  
**L** Active interventions with somatic symptoms  
**M** Active interventions with somatic symptoms  
**N** Active interventions with somatic symptoms


Photo: Medical Photo Agency/Photo Library 11/12/2011

**WALIST**

**Areas that Antidepressants Do Not Satisfy (Unmet Needs)**

N: 104

Number	Specialty	GP %	Neurology %	Psychiatry %	Total %
They are generally sufficient		50%	43%	50%	48%
Too many side effects		13%	30%	33%	25%
Causes sexual dysfunction / loss of sexual desire		10%	9%	17%	11%
Need fast onset of action		5%	13%	14%	11%
Should be more effective		9%	9%	10%	9%
Or side effects / problems		3%	9%	7%	7%
Causes weight gain		8%	8%	4%	6%
Insomnia		2%	7%	6%	5%
Causes nausea		5%	4%	2%	4%
Increase anxiety / Not effective in anxiety		4%	3%	3%	4%
Requires transition from present to patient		2%	4%	2%	3%
Causes drowsiness		0%	4%	1%	2%
Sedation		0%	1%	2%	2%
Should not cause vomiting		3%	2%	0%	2%
Not much improvement in mood		3%	2%	4%	3%
Withdrawal symptoms		4%	1%	2%	2%
It does not stop returning		3%	1%	1%	2%
Drug interactions		0%	2%	1%	1%
I do not have much endurance with it		10%	2%	2%	1%
It does not respond to short therapy		3%	2%	0%	1%
Not effective in treatment		7%	2%	0%	1%
Not effective in severe depression		2%	2%	2%	1%
Not enough effect in chronic use		0%	2%	1%	1%
Increases in anxiety with long-term use		1%	2%	2%	1%
Causes dry mouth		4%	1%	1%	1%
Causes constipation		5%	0%	0%	0%
Causes dizziness		0%	0%	0%	0%
Causes headache		0%	0%	0%	0%
Causes fatigue		0%	0%	0%	0%
Causes irritability / mood swings		0%	0%	0%	0%
<b>Total</b>		<b>147%</b>	<b>164%</b>	<b>166%</b>	<b>159%</b>



## Areas that Each Antidepressant Does Not Satisfy

- Respondents were presented with some of the antidepressants and were then asked about issues each of them could not satisfy.

### Cipralex

- 41% of the respondents stated that "it is generally sufficient". In other words, 41% of the respondents did not find anything dissatisfactory about Cipralex. The ratio of satisfied doctors is higher among GPs compared to Neurologists and Psychiatrists (50% vs. 36-37%).
- 16% of the respondents could not come up with any suggestion because "they have limited experience" with Cipralex.
- 11% of the respondents mentioned that Cipralex had "too many side effects". More respondents among Psychiatrists mentioned it compared to other specialties (18% vs 11% and 5%).

© 2014 AVALIST. All rights reserved. AVALIST is a registered trademark of AVALIST. 10/04/2014

**ANALIST**

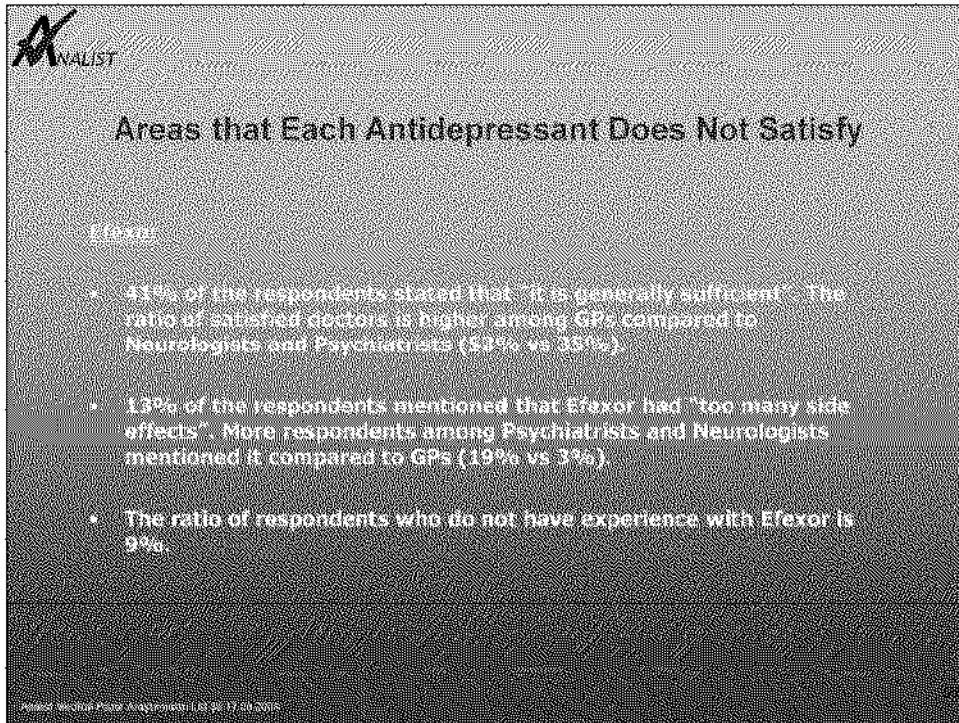
## Areas that Each Antidepressant Does Not Satisfy


**Cipramil**

- 41% of the respondents stated that "It is generally sufficient". The ratio of satisfied doctors is higher among GPs compared to Neurologists and Psychiatrists.
- 16% of the respondents could not come up with any suggestion because "they have limited experience" with Cipramil.
- 11% of the respondents mentioned that Cipramil had "too many side effects". More respondents among Psychiatrists and Neurologists mentioned it compared to GPs (14% vs 5%).

Painier Medical Products, Inc. 1997-2004







## Areas that Each Antidepressant Does Not Satisfy

### Lustral

- 48% of the respondents stated that "It is generally sufficient". The percentage of satisfied doctors is highest (together with Prozac) compared to other antidepressants. The ratio of satisfied doctors is higher among GPs compared to Neurologists and Psychiatrists (58% vs 44-40%).
- 11% of the respondents mentioned that Lustral had "too many side effects". More respondents among Psychiatrists and Neurologists mentioned it compared to GPs.
- The ratio of respondents who do not have experience with Lustral is 9%.

Avalist Medical Power Presentation LMS 01/12/08/2009

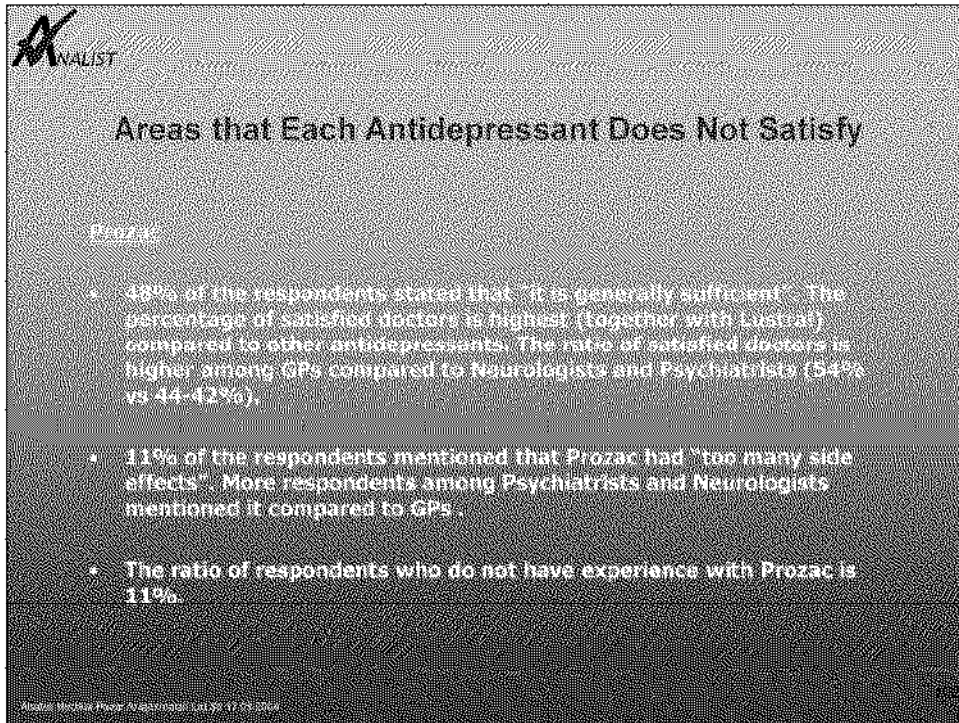
**ANALIST**


## Areas that Each Antidepressant Does Not Satisfy

**Paxil**

- 41% of the respondents stated that "It is generally sufficient". The ratio of satisfied doctors is higher among GPs compared to Neurologists and Psychiatrists (58% vs 44-40%).
- The ratio of respondents who do not have experience with Lustral is 24%. GP ratio is higher than Neurologists and Psychiatrists.
- 11% of the respondents mentioned that Paxil had "too many side effects". More respondents among Psychiatrists and Neurologists mentioned it compared to GPs.

Paxil\_Venue\_Paper\_Anselmann.LAT 06/17/05/2014





## Areas that Each Antidepressant Does Not Satisfy

### Seroxat

- 41% of the respondents stated that "It is generally sufficient". The ratio of satisfied doctors is higher among GPs compared to Neurologists and Psychiatrists.
- The ratio of respondents who do not have experience with Seroxat is 18%.
- 12% of the respondents mentioned that Seroxat had "too many side effects". More respondents among Psychiatrists mentioned it compared to GPs and Neurologists.

Parke-Davis GmbH, A. Schmitt, Ltd. 05.12.2004

**AX VALIST**

**Areas that Each Antidepressant Does Not Satisfy**

**Cipralelex**

	N:	181	87	94	292
	Specialty	GP %	Neurology %	Psychiatry %	Total %
CIPRALEX					
It is generally sufficient		50%	36%	57%	41%
I do not have much experience with it		12%	21%	76%	16%
Too many side effects		8%	11%	16%	11%
Increasing anxiety / Not effective in anxiety		6%	6%	6%	7%
Should be more effective		6%	6%	7%	6%
GI side effects / prepares		1%	6%	4%	4%
Causes nausea		6%	3%	2%	4%
Causes sexual dysfunction / loss of sexual desire		4%	3%	4%	4%
Insomnia		4%	3%	3%	3%
Need fast onset of action		3%	4%	4%	3%
Not much improvement in mood		1%	1%	1%	1%
Not safe in patients with cardiac problems		2%	1%	3%	1%
Expensive		6%	2%	1%	1%
Should not cause constipation		3%	2%	1%	1%
Orthostatic symptoms		2%	0%	0%	1%
Causes hypertension		1%	1%	0%	0%
Causes dizziness		0%	1%	0%	0%
<b>Total</b>		<b>107%</b>	<b>111%</b>	<b>115%</b>	<b>111%</b>

AX VALIST, INC. 17000 WILLOW CREEK DRIVE, SUITE 100, DALLAS, TX 75244



**AX VALIST**

**Areas that Each Antidepressant Does Not Satisfy**  
**Cipram**

	N: 101	97	94	292
	Specialty			
CIPRAM	GP %	Neurology %	Psychiatry %	Total %
Not generally sufficient	40%	40%	54%	41%
I do not have much experience with it	33%	16%	17%	16%
Too many side effects	2%	14%	14%	11%
Should be more effective	5%	6%	6%	5%
Causes sexual dysfunction / loss of sexual desire	4%	0%	0%	1%
Need fast onset of action	2%	0%	0%	0%
Not safe in patients with cardiac problems	1%	0%	7%	4%
Insomnia	3%	0%	3%	4%
GI side effects / problems	1%	2%	0%	3%
Causes nausea	0%	1%	0%	1%
Should not cause weight gain	3%	0%	0%	3%
Not much response seen in clinical	1%	0%	4%	2%
Causes weight gain	1%	1%	0%	1%
Not used in patients with chronic anxiety	2%	0%	1%	1%
Not used in patients with chronic depression	1%	0%	0%	1%
Causes drowsiness from patient to patient	1%	0%	0%	1%
<b>Total</b>	<b>100%</b>	<b>111%</b>	<b>115%</b>	<b>111%</b>

Presented by: Dr. [Name] - [Address] - [City] - [State] - [Zip]

**WALLIST**

**Areas that Each Antidepressant Does Not Satisfy**

**Efexor**

	N	101	97	94	292
	Specialty				
EFEEXOR	GP %	Neurology %	Psychiatry %	Total %	
It is generally sufficient	53%	35%	35%	41%	
Too many side effects	2%	18%	10%	13%	
I do not have much experience with it	7%	10%	10%	9%	
Causes hypertension	1%	7%	10%	6%	
Causes effects / problems	3%	10%	4%	6%	
Should be more effective	5%	0%	4%	3%	
Causes nausea	8%	2%	4%	5%	
Need fast onset of action	3%	4%	1%	3%	
Sedation	1%	4%	3%	3%	
Causes sexual dysfunction / loss of sexual desire	2%	1%	4%	2%	
Increasing anxiety / Not effective in anxiety	3%	2%	1%	2%	
Headache	2%	0%	1%	2%	
Worsens symptoms	2%	0%	3%	1%	
Causes weight gain	2%	0%	2%	1%	
Not much improvement in mood	0%	0%	1%	1%	
Not safe in patients with cardiac problems	2%	1%	1%	1%	
Should not cause constipation	1%	1%	0%	1%	
Causes dizziness	0%	1%	1%	1%	
Causes dry mouth	1%	0%	1%	1%	
Should not be used in elderly	0%	0%	0%	0%	
<b>Total</b>		<b>108%</b>	<b>110%</b>	<b>118%</b>	<b>114%</b>

Pharm. Med. Res. Rep. 1994;13(1):1-10

**AXIALIST**

**Areas that Each Antidepressant Does Not Satisfy**

**Lustral**

	N	101	97	94	292
	Specialty				
<b>LUSTRAL</b>	<b>GP %</b>	<b>Neurology %</b>	<b>Psychiatry %</b>	<b>Total %</b>	
It is generally sufficient	48%	44%	41%	45%	
Too many side effects	4%	14%	15%	11%	
I do not have much experience with it	3%	10%	13%	9%	
Causes sexual dysfunction / loss of sexual desire	7%	3%	9%	6%	
Need fast onset of action	0%	3%	7%	5%	
Should be more effective	5%	7%	2%	5%	
Causes dizziness	1%	4%	7%	4%	
Causes nausea	7%	2%	2%	4%	
GI side effects / problems	1%	3%	5%	4%	
Increasing anxiety / Not effective in anxiety	4%	4%	2%	3%	
Causes weight gain	2%	1%	2%	2%	
Headache	1%	2%	0%	1%	
Not much improvement / limited	1%	5%	2%	3%	
Depends	0%	0%	1%	0%	
Causes sleep issues	1%	1%	0%	1%	
Not effective for sleep disorder	0%	0%	1%	1%	
Unpleasant experience	0%	0%	0%	0%	
<b>Total</b>	<b>105%</b>	<b>110%</b>	<b>113%</b>	<b>110%</b>	

Power Matrix View: 1/1/2015 12:45:11 PM

**AX VALIST**

**Areas that Each Antidepressant Does Not Satisfy**

**Paxil**

	N	101	97	94	292
	Specialty				
PAXIL	GP %	Neurology %	Psychiatry %	Total %	
It is generally sufficient	45%	38%	30%	38%	
I do not have much experience with it	21%	22%	20%	24%	
Too many side effects	3%	13%	16%	11%	
Should be more effective	7%	6%	3%	5%	
Causes sexual dysfunction / loss of sexual desire	24%	3%	10%	8%	
Need fast onset of action	2%	4%	6%	4%	
Causes weight gain	0%	2%	10%	4%	
Withdrawal symptoms	3%	2%	4%	4%	
Causes nausea	5%	0%	2%	2%	
Insomnia	1%	4%	1%	2%	
GI side effects / problems	1%	1%	3%	2%	
Not much improvement in mood	1%	2%	1%	1%	
Nausea	0%	3%	2%	1%	
Causes dizziness	0%	1%	1%	1%	
Increasing anxiety / not effective in anxiety	1%	1%	1%	1%	
Not efficacious in severe depression	0%	0%	2%	1%	
Not very consistent with sexual symptoms	1%	0%	1%	1%	
Should be more potent	1%	1%	1%	1%	
<b>Total</b>		<b>108%</b>	<b>108%</b>	<b>117%</b>	<b>110%</b>

Printed: Monday, May 11, 2015 11:01 AM

**AX VALIST**

**Areas that Each Antidepressant Does Not Satisfy**

**Prozac**

	N: 101	97	94	292
	GP %	Neurology %	Psychiatry %	Total %
<b>PROZAC</b>				
It is generally sufficient	54%	42%	44%	47%
Too many side effects	5%	13%	16%	11%
I do not have much experience with it	7%	14%	11%	11%
Causes sexual dysfunction / loss of sexual desire	5%	4%	7%	5%
Should be more effective	4%	7%	3%	5%
Causes fast onset of action	4%	3%	3%	4%
Not much improvement at rapid	4%	4%	3%	4%
Increasing anxiety / Not effective in anxiety	2%	3%	3%	3%
Or side effects / problems	3%	2%	4%	3%
Causes nausea	5%	1%	2%	3%
Loss of appetite	2%	1%	3%	2%
Causes weight gain	3%	0%	2%	2%
Withdraws / symptoms	4%	0%	1%	2%
Causes dry / rash	3%	2%	3%	2%
Interacts	1%	1%	0%	1%
Not as high efficacy in most depressed	2%	2%	0%	1%
Seizures	1%	1%	1%	1%
Should be taken with a	1%	0%	1%	1%
Causes drowsiness / sedation / impaired	1%	1%	1%	1%
<b>Total</b>	<b>110%</b>	<b>108%</b>	<b>115%</b>	<b>111%</b>

Prozac: Weighted Mean Improvement: 1.1 at 12/28/2014

**AXIALIST**

**Areas that Each Antidepressant Does Not Satisfy**

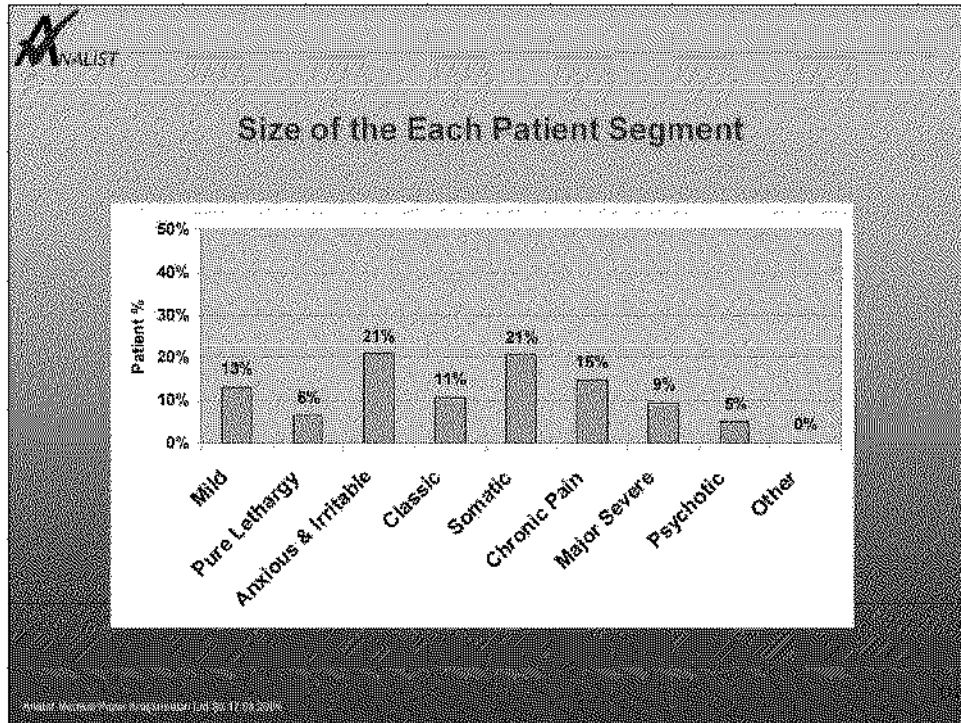
**Seroxat**

	N: 101	97	94	292
	Specialty			
SEROXAT	GP %	Neurology %	Psychiatry %	Total %
It is generally sufficient	86%	86%	91%	87%
I do not have much experience with it	12%	27%	12%	18%
Too many side effects	6%	19%	20%	12%
Should be more effective	5%	6%	6%	6%
Causes sexual dysfunction / loss of sexual desire	5%	2%	10%	5%
Need for snack or alcohol	2%	3%	6%	4%
Causes weight gain	3%	1%	8%	3%
Withdrawal symptoms	3%	3%	4%	3%
Causes nausea	4%	3%	2%	3%
GI side effects / problems	2%	3%	3%	2%
Insomnia	1%	2%	1%	2%
Increasing anxiety / Not effective in anxiety	2%	2%	1%	2%
Should not cause fatigue	1%	2%	2%	2%
Causes skin rash	1%	2%	1%	1%
Not much / not a happy / no mood	1%	1%	1%	1%
Difficult to swallow	1%	1%	1%	1%
Causes dizziness	1%	1%	1%	1%
Lack of efficacy	1%	1%	1%	1%
Not enough / not a happy / no mood	1%	1%	1%	1%
Not a good fit / not a happy / no mood	1%	1%	1%	1%
Not a good fit / not a happy / no mood	1%	1%	1%	1%
<b>Total:</b>	<b>111%</b>	<b>110%</b>	<b>119%</b>	<b>113%</b>

Pharm. Med. Res. Rep. (2009) 28, 1705-1706



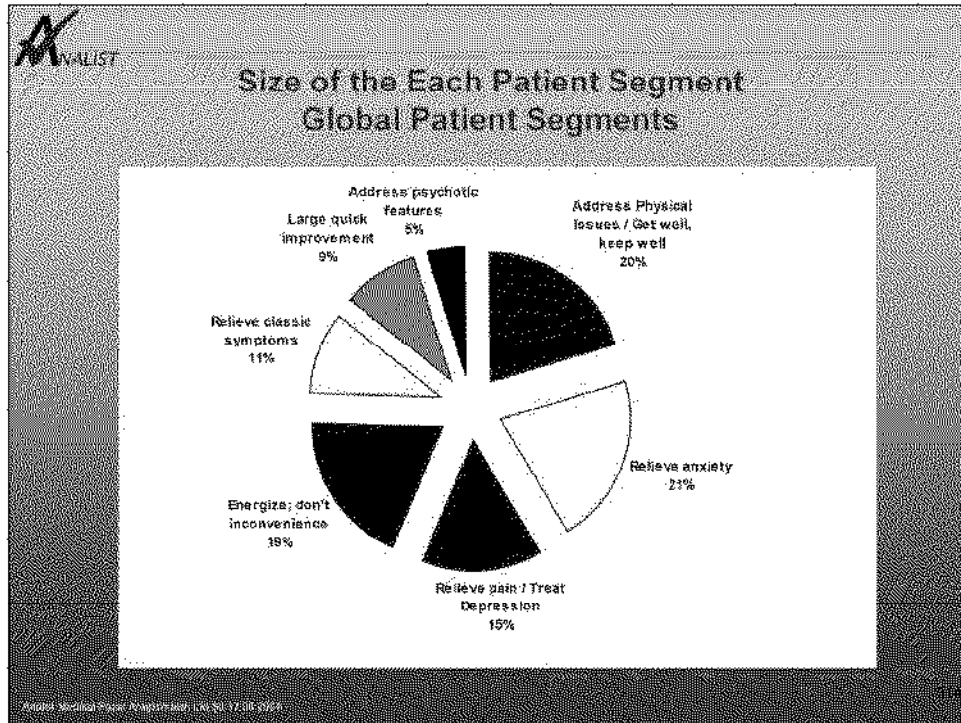




**Size of the Each Patient Segment**

	N=	101	97	94	292
Patient %					
	GP	Neurology	Psychiatry	Total	
Mild	15%	12%	12%	13%	
Pure Lethargy	6%	5%	6%	6%	
Anxious & Irritable	23%	21%	19%	21%	
Classic	14%	9%	10%	11%	
Somatic	19%	25%	21%	21%	
Chronic Pain	12%	16%	15%	15%	
Major Severe	6%	8%	12%	8%	
Psychotic	5%	5%	5%	5%	
Other	0%	0%	0%	0%	
Total	100%	100%	100%	100%	

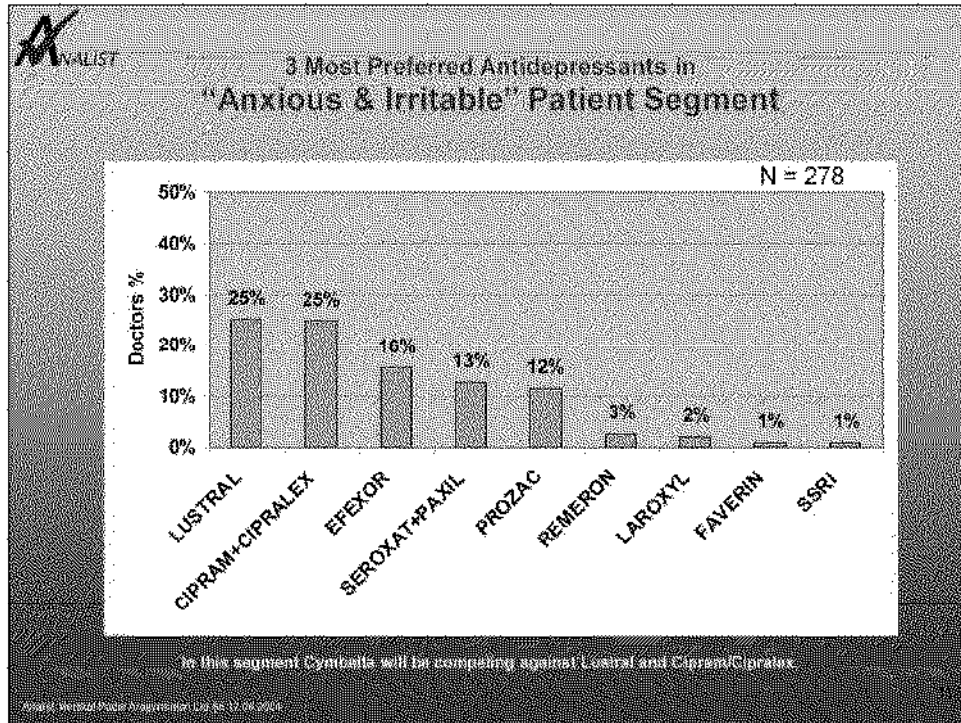
Private Medical Group, Inc. 11/14/14 11:13 AM 11/14/14



**Size of the Each Patient Segment**  
**Global Patient Segments**

GLOBAL PATIENT SEGMENT	PATIENT SEGMENTS USED IN				TOTAL
	CYMBALTA STUDY	GP	Neurology	Psychiatry	
Address Physical Issues	Somatic	19%	23%	21%	21%
Get well, keep well	Anxious & Irritable	23%	21%	19%	21%
Relieve anxiety	Chronic Pain	12%	18%	15%	15%
Relieve pain	Mild + Pure Lethargy	21%	18%	19%	19%
Treat depression	Classic	14%	9%	10%	11%
Energize, don't inconvenience	Major severe	6%	8%	12%	9%
Relieve classic symptoms	Psychotic	5%	5%	5%	5%
Large quick improvement					
Address psychotic features					
TOTAL		100%	100%	100%	100%

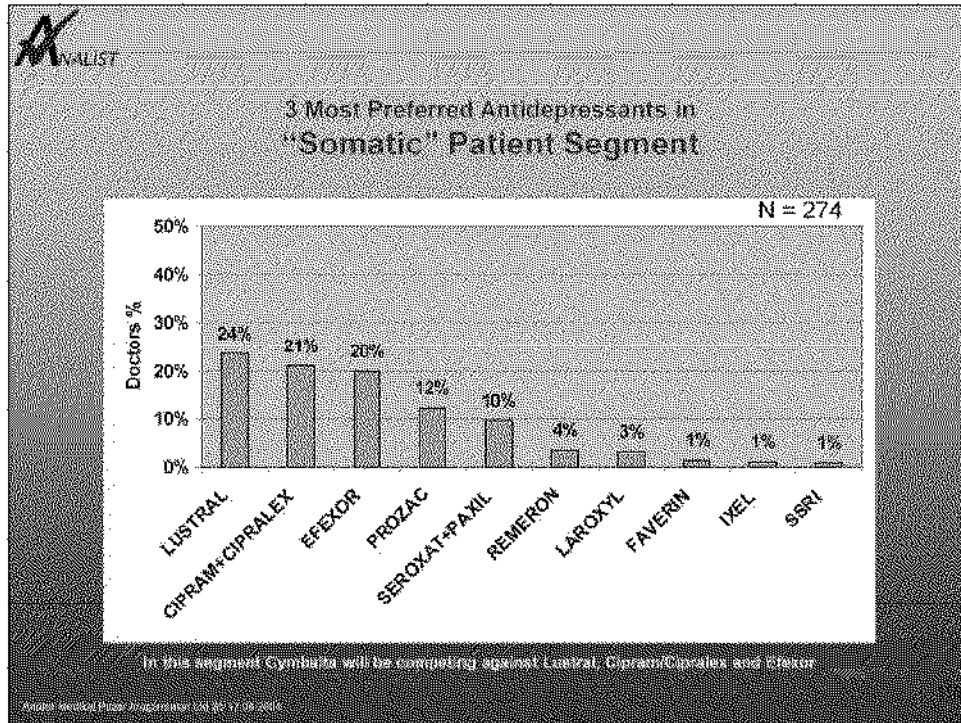
Source: Medscape Prescription Survey, 11/08/14





	N	97	93	88	
Say Number	Specialty				
<b>Anxious &amp; Irritable</b>		<b>GP</b>	<b>Neurology</b>	<b>Psychiatry</b>	<b>Total</b>
LUSTRAL		36%	25%	21%	26%
CIPRAM-CIPRALEX		26%	22%	23%	25%
EFEXOR		13%	18%	18%	16%
SEROXAT-FAXIL		11%	11%	13%	11%
PROZAC		15%	9%	12%	12%
REMIFRON		5%	3%	5%	4%
LAROXYL		15%	2%	0%	7%
FAVBRIN		0%	0%	2%	1%
SSRI		0%	0%	2%	1%
ANAPRANIL		0%	0%	1%	0%
STABILON		0%	1%	0%	0%
AURICORX		0%	0%	0%	0%
DES-WEI		1%	0%	1%	0%
TIDERANIL		0%	0%	0%	0%
ICE-KON		0%	0%	1%	0%
NE-SAM		0%	0%	0%	0%
LUCKEAL		0%	0%	0%	0%
NEB-DOL		0%	0%	0%	0%
SEMPICH		0%	0%	0%	0%
Other		0%	1%	0%	0%
Total					
		100%	100%	100%	100%

Received: 10 October 2019; Accepted: 17 October 2019; Published: 17 October 2019



**3 Most Preferred Antidepressants in "Somatic" Patient Segment**

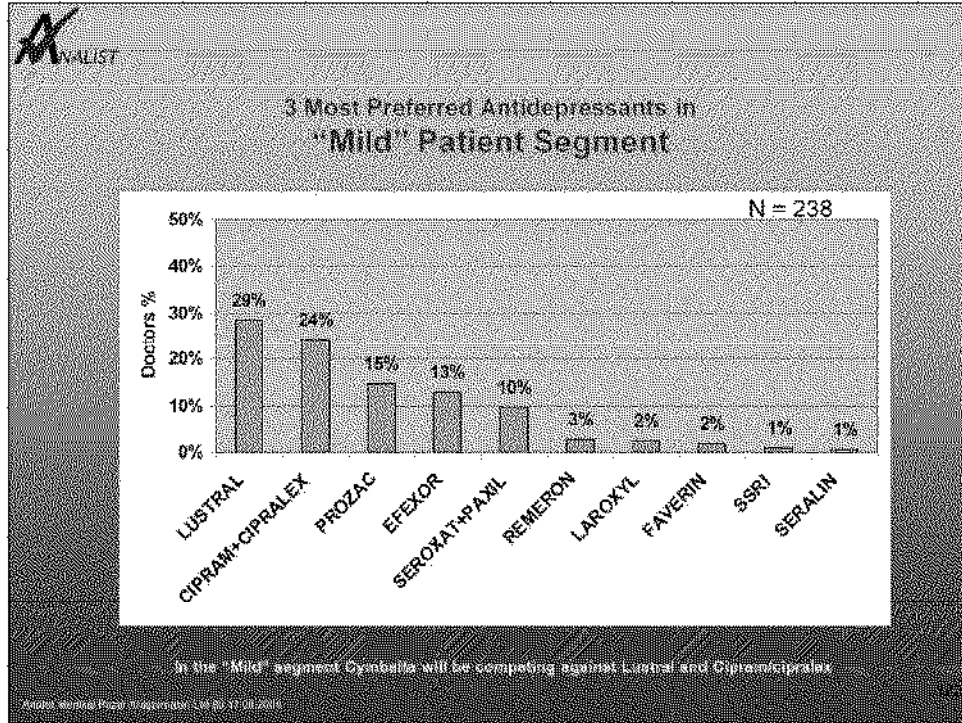
Day Number	N	91	91	92	
		Specialty			
		GP	Neurology	Psychiatry	Total
LUSTRAL	28%	22%	21%	24%	
CIPRAM+CIPRALEX	19%	25%	20%	21%	
EFEXOR	15%	20%	22%	20%	
PROZAC	10%	7%	12%	12%	
SERDAX+PAXIL	8%	11%	10%	10%	
REMERON	4%	3%	5%	4%	
LAROXYL	4%	4%	3%	3%	
FAVERIN	1%	0%	3%	1%	
KEL	0%	0%	3%	1%	
SSR	1%	0%	1%	1%	
STABLOX	0%	1%	0%	0%	
ZEDPREX	0%	1%	0%	0%	
ANAPRANL	0%	0%	0%	0%	
AURORA	1%	0%	0%	0%	
SEZALIN	1%	0%	2%	0%	
TOPRANE	3%	0%	0%	2%	
TOLVON	0%	0%	0%	0%	
PROZAC+PAXIL	1%	0%	0%	0%	
OPSYNOL	1%	0%	0%	0%	
PROZAC	1%	0%	0%	0%	
SEZALIN	1%	0%	0%	0%	
Total	100%	100%	100%	100%	

Antidepressant Market Share - Q3 2014



Say Number	N = 60	N7	N7
Chronic Pain	GP	Neurology	Psychiatry
ELEXOR	28%	26%	26%
LUSTRAL	26%	21%	17%
CIPRAM/CIPRALEX	14%	21%	14%
PRIZAC	13%	14%	17%
SEROXAT/PAXL	11%	7%	7%
LARVAL	6%	6%	6%
FEMERON	2%	2%	3%
SSAI	2%	9%	21%
FAVERON	1%	1%	2%
XEL	0%	1%	1%
AUR/DRIY	1%	1%	1%
LESYREL	0%	0%	1%
ETALOM	1%	0%	1%
TOLYDOR	1%	0%	1%
ANACHARD	0%	0%	1%
CITOC	0%	1%	0%
DAPFENIL	1%	0%	0%
PERIOLIN	1%	0%	0%
OTHERS	1%	0%	0%
Total	100%	100%	100%

Accepted for publication: 23 November 2014

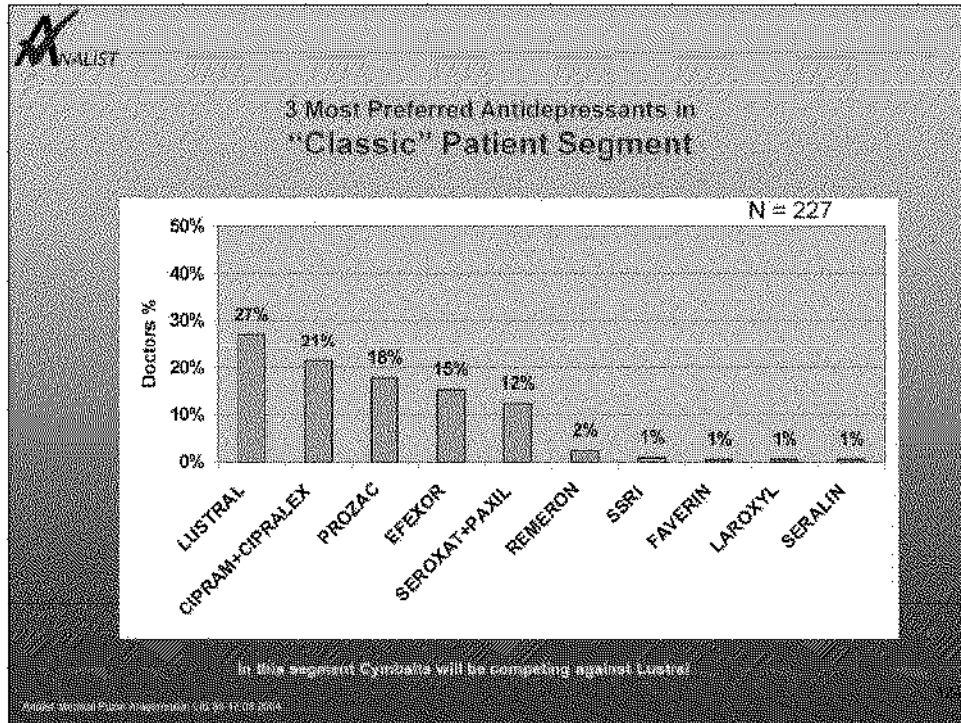




**3 Most Preferred Antidepressants in  
"Mild" Patient Segment**

Say Number	N	B1	79	78	
	Specialty				
Mild	GP	Neurology	Psychiatry	Total	
LUSTRAL	32%	28%	25%	29%	
CIPRAM-CIPRALEX	23%	25%	22%	24%	
PROZAC	19%	10%	15%	15%	
EPEXOR	11%	13%	14%	13%	
SEROXAT-PAXIL	8%	11%	9%	10%	
REMERON	2%	3%	4%	3%	
LAROXYL	1%	4%	0%	2%	
FAVERIN	1%	1%	4%	2%	
SSR	1%	0%	0%	1%	
SERATIN	1%	0%	1%	1%	
INSIDON	1%	0%	0%	0%	
SELECTRA	1%	0%	0%	0%	
OTON	0%	0%	1%	0%	
DEPREKS	0%	0%	0%	0%	
STADION	0%	0%	0%	0%	
OTON	0%	0%	0%	0%	
OTON	0%	0%	0%	0%	
Total	100%	100%	100%	100%	

Antidepressant Market Share Report - Q3 2014

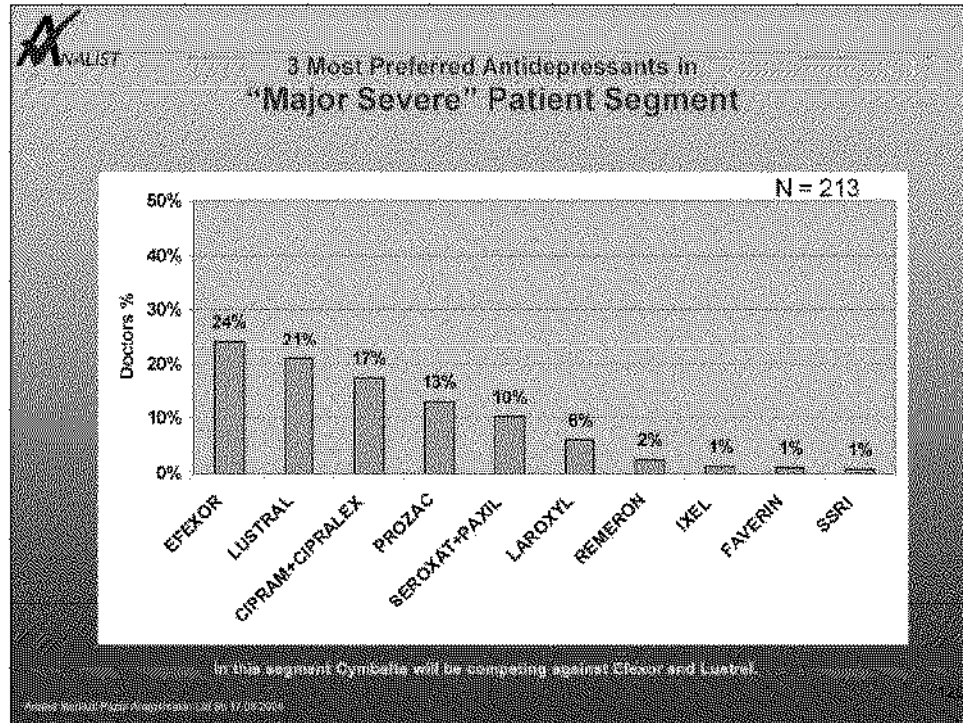


**AX VALIST**

**3 Most Preferred Antidepressants in  
"Classic" Patient Segment**

Survey Number	N	65	70	72	
Specialty					
Classic		GP	Neurology	Psychiatry	Total
LUSTRAL		28%	27%	26%	27%
CIPRAM+CIPRALEX		22%	27%	16%	21%
PROZAC		23%	11%	18%	18%
EFEXOR		14%	16%	16%	15%
SEROXAT+PAXIL		9%	14%	14%	12%
REMERCEN		2%	2%	4%	2%
SSRI		1%	0%	2%	1%
PAVERIN		0%	1%	1%	1%
LAROXYL		0%	2%	1%	1%
SERALEM		1%	1%	1%	1%
MYRODOX		0%	0%	1%	0%
SELECTRA		1%	0%	0%	0%
TOLMAYN		1%	0%	0%	0%
Total		100%	100%	100%	100%

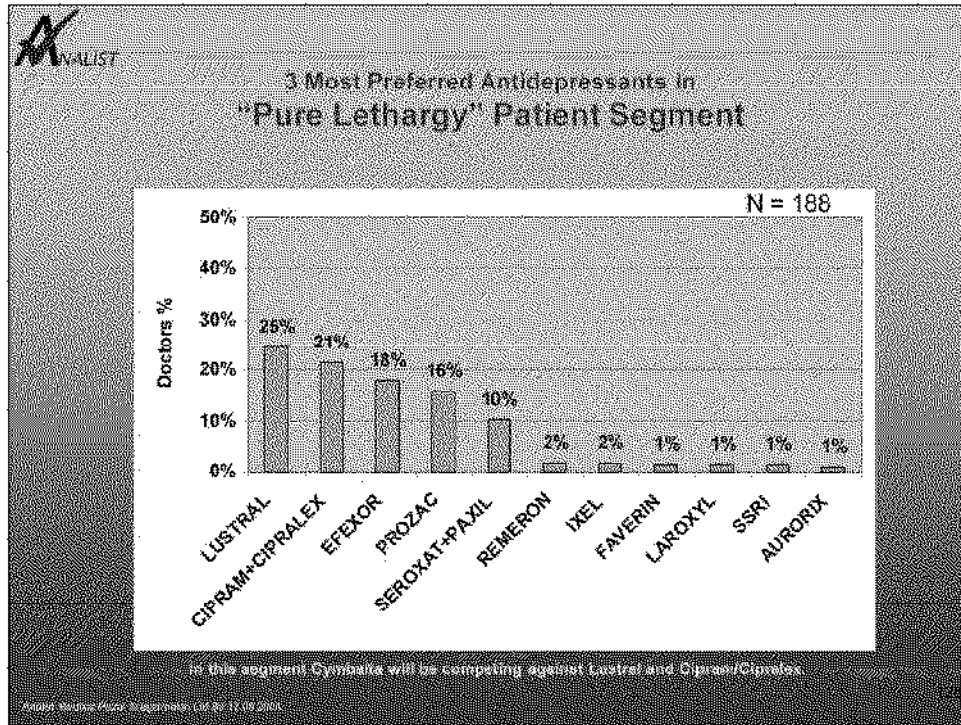
Private Medical Plans - Prepared 11/13/14 12:17:00 PM



**3 Most Preferred Antidepressants in  
"Major Severe" Patient Segment**

Say Number	N	84	70	73	
	Specialty				
Major Severe	GP	Neurology	Psychiatry	Total	
EFFEXOR	20%	25%	17%	24%	
LUSTRAL	21%	23%	20%	21%	
CIPRAM-CIPRALEX	17%	21%	10%	17%	
PROZAC	20%	10%	10%	13%	
SEROXAT-PAXIL	12%	12%	8%	10%	
LAROXYL	5%	7%	6%	6%	
REMERON	3%	1%	4%	3%	
IXEL	3%	1%	3%	1%	
FAVERIN	1%	1%	2%	1%	
SSRI	1%	0%	2%	1%	
ANAFRANIL	0%	0%	1%	0%	
GENALIN	1%	0%	1%	0%	
AMORPH	0%	0%	1%	0%	
DESUPRA	0%	0%	1%	0%	
EDROMB	1%	0%	0%	0%	
YOFRANIL	0%	0%	1%	0%	
TINCHLOLO AGENTS	0%	0%	0%	0%	
ZEPHAX	0%	0%	0%	0%	
Total	100%	100%	100%	100%	

Antidepressant Market - Antidepressant Use by Specialty

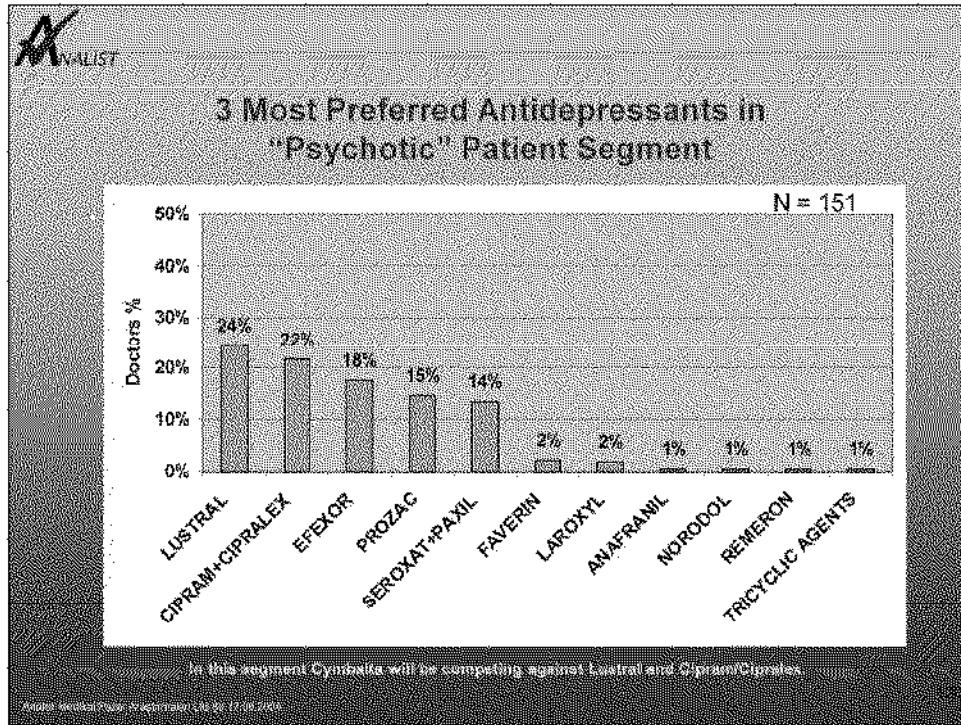




**3 Most Preferred Antidepressants in  
"Pure Lethargy" Patient Segment**

Say Number	N	54	64	70	
	Specialty				
Pure Lethargy	GP	Neurology	Psychiatry	Total	
LUSTRAL	28%	26%	21%	25%	
CIPRAM-CIPRALEX	22%	27%	16%	21%	
EFEEXOR	18%	16%	19%	18%	
PROZAC	15%	13%	19%	16%	
SEROXAT-PAXIL	10%	10%	11%	10%	
REMERON	2%	1%	3%	2%	
IXEL	0%	1%	4%	2%	
FAVERIN	0%	3%	1%	1%	
LAROKYL	3%	1%	1%	1%	
SORI	0%	1%	2%	1%	
ADRONIX	0%	1%	1%	1%	
EDRONAX	0%	0%	1%	0%	
INSIDON	1%	0%	0%	0%	
LENTAMIL	0%	0%	1%	0%	
SPRALIN	1%	0%	1%	0%	
SPRIN	1%	0%	0%	0%	
VALPHOX	0%	1%	0%	0%	
Total	100%	100%	100%	100%	

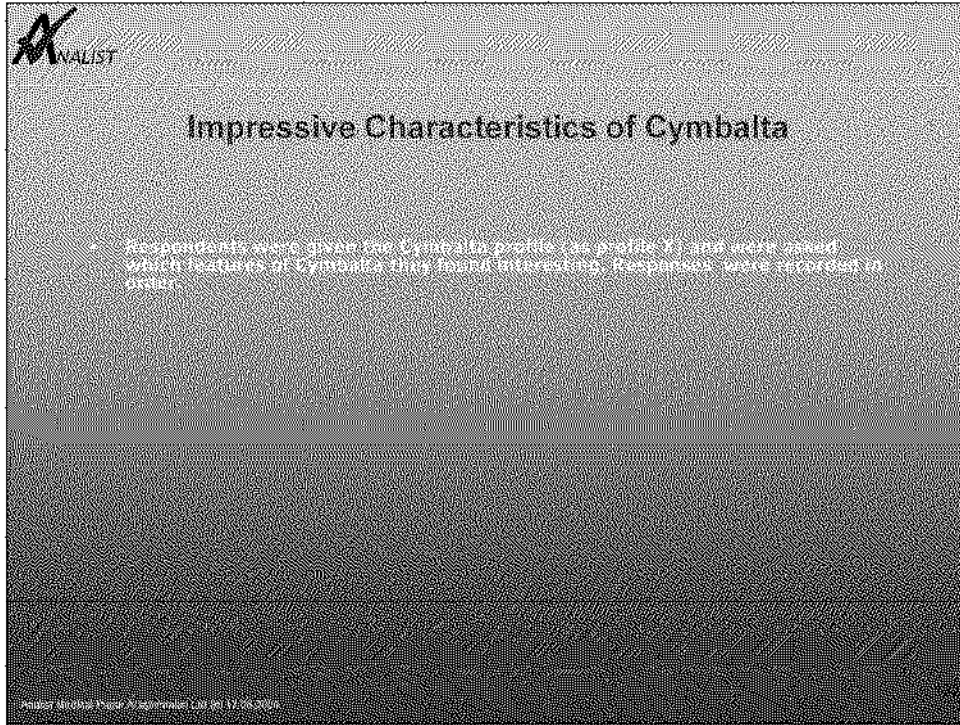
Private Patient Panel (P3P) Study - 17/03/2015



**3 Most Preferred Antidepressants in "Psychotic" Patient Segment**

	N	50	32	59	
Say Number	Specialty				
Psychotic	GP	Neurology	Psychiatry	Total	
LUSTRAL	28%	25%	22%	24%	
CIPRAM-CIPRALEX	25%	24%	18%	22%	
EFEXOR	11%	15%	23%	18%	
PROZAC	13%	10%	15%	13%	
SEROXAT+PAXIL	17%	16%	10%	14%	
FAVERIN	0%	1%	4%	2%	
LAROXYL	1%	0%	3%	2%	
ANAFRANIL	0%	0%	1%	1%	
NORDDOL	1%	1%	0%	1%	
REMERON	1%	0%	1%	1%	
TRICYCLIC AGENTS	1%	0%	1%	1%	
DESYREL	1%	0%	1%	1%	
DELI	0%	0%	0%	0%	
SERANIL	1%	0%	0%	0%	
LYR	0%	0%	0%	0%	
TRAZADOL	0%	0%	0%	0%	
Total	100%	100%	100%	100%	

Private Practice Report 5 September 10 59 17 08 2014



**WALIST**

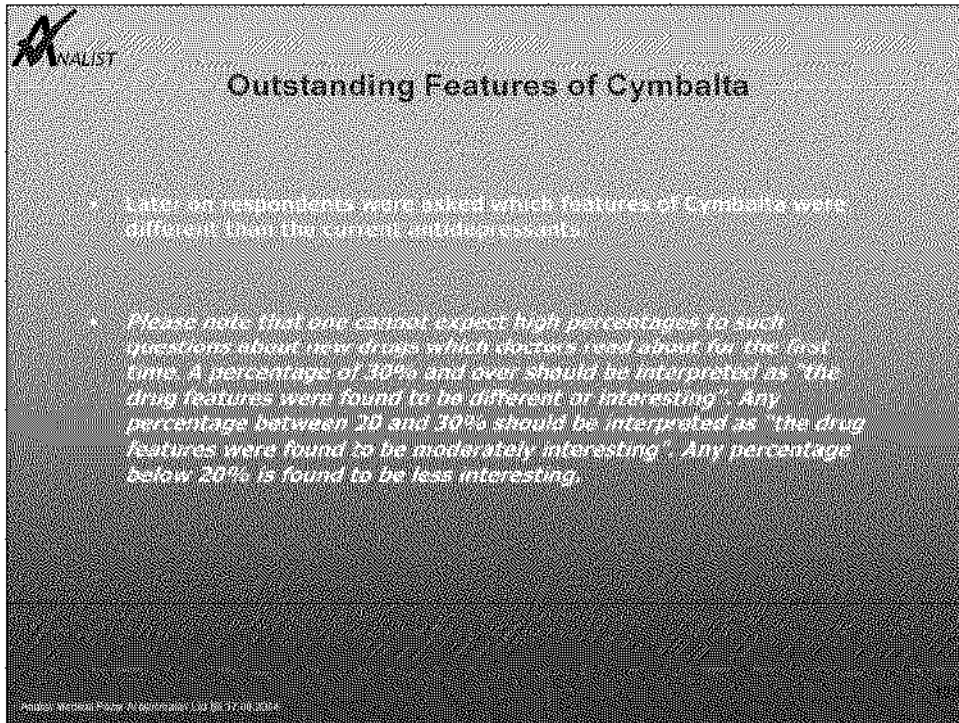
### Impressive Characteristics of Cymbalta First Mentions

Number	N	101	97	94	292
	Specialty				
		GP	Neurology	Psychiatry	Total
Impressive Characteristics of Product X - Rank 1					
Dual reuptake inhibition	18%	24%	33%	26%	26%
Improvement in pain symptoms	13%	10%	9%	13%	13%
Efficacy to painful diabetic neuropathy	10%	11%	6%	12%	12%
Efficacy from week 1	8%	3%	9%	7%	7%
Good tolerability	7%	7%	5%	7%	7%
Its high efficacy	5%	3%	11%	6%	6%
Once a day	4%	4%	9%	5%	5%
Low side effect profile	3%	0%	3%	4%	4%
Efficacy in anxiety	1%	5%	2%	2%	2%
Nothing special / All antidepressants are the same	5%	3%	0%	3%	3%
Safety in overdose	0%	3%	4%	2%	2%
Not tricyclic	2%	3%	1%	2%	2%
Improvement in physical symptoms	1%	3%	0%	1%	1%
Approval of FDA/EMA	1%	2%	1%	1%	1%
Fast onset of action	1%	1%	1%	1%	1%
FDA approval	0%	0%	3%	1%	1%
No efficacy in bipolar depression	0%	1%	0%	1%	1%
Side effect profile	0%	1%	1%	0%	0%
Efficacy in major depression	0%	0%	0%	0%	0%
Efficacy in bipolar depression	0%	0%	0%	0%	0%
Efficacy in depression	0%	0%	0%	0%	0%
Efficacy in anxiety disorders	0%	0%	0%	0%	0%
Total		100%	100%	100%	100%

Source: Medical Press, Nappanone, Ltd. on 11/06/2015







**Outstanding Features of Cymbalta**

- Later on respondents were asked which features of Cymbalta were different than the current antidepressants.
- *Please note that one cannot expect high percentages to such questions about new drugs which doctors read about for the first time. A percentage of 30% and over should be interpreted as "the drug features were found to be different or interesting". Any percentage between 20 and 30% should be interpreted as "the drug features were found to be moderately interesting". Any percentage below 20% is found to be less interesting.*

© 2014, Nektar Therapeutics, Inc. All rights reserved. Cym 101 17 of 30

**AXIALIST**

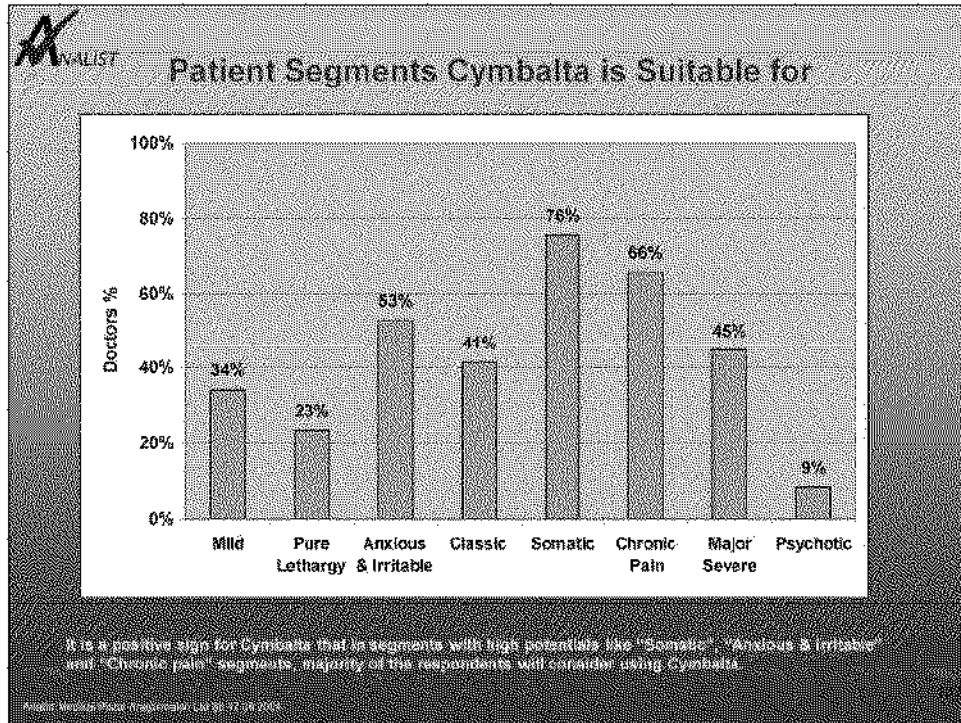
### Outstanding Features of Cymbalta

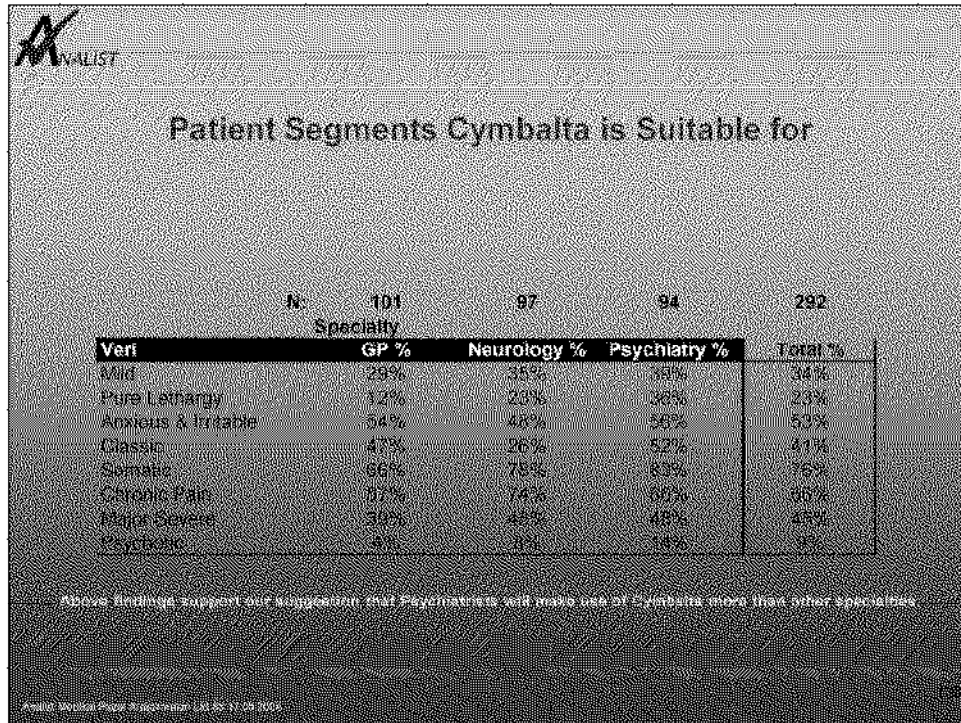
	N: 101	97	94	292
Number	Specialty			
Different Characteristics of Product X	GP %	Neurology %	Psychiatry %	Total %
Nothing different	34%	24%	20%	26%
Dual reuptake inhibition	16%	18%	31%	21%
Efficacy to Faintly Diabetic Neuropathy	16%	23%	17%	18%
Efficacy from week 1	16%	16%	14%	15%
Improvement in pain symptoms	16%	15%	14%	15%
Strong dosage	4%	7%	7%	6%
Low side effect profile	5%	7%	4%	5%
Safety	5%	7%	7%	6%
High efficacy rate	0%	6%	1%	3%
High efficacy in fibromyalgia	2%	7%	1%	3%
Good tolerability	0%	5%	3%	3%
Safety in overdose	1%	3%	4%	3%
Not addictive	1%	4%	0%	2%
Easy dosing	0%	0%	1%	1%
Efficacy to psychomotor complaints	1%	1%	2%	1%
Efficacy in major depression	1%	1%	1%	1%
Improvement in physical symptoms	2%	3%	1%	1%
High quality of the patient relationship was achieved	0%	1%	2%	1%
Highly recommended	1%	0%	2%	1%
<b>Total</b>	<b>121%</b>	<b>146%</b>	<b>143%</b>	<b>137%</b>

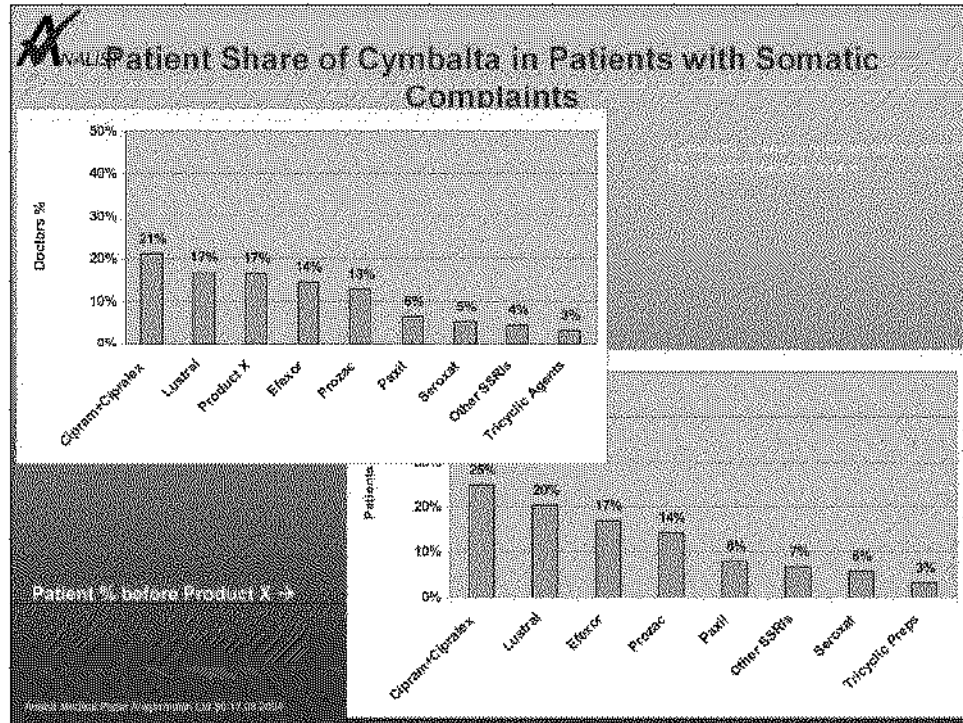
According to the aforementioned explanation at the aggregate level two of the Cymbalta features were found to be moderately interesting. However, GPs play a big role in decreasing the percentages.

Among Psychiatrists "Dual reuptake inhibition" was found to be much more interesting.

Pharm. Med. Prod. Information Ltd. 2014







**WALLIS** **Patient Share of Cymbalta in Patients with Somatic Complaints**

N: 292

Veri	GP	Neurology	Psychiatry	Total
Cipram+Cipralax	24%	22%	19%	21%
Lustral	20%	15%	15%	17%
Product X	20%	15%	14%	17%
Elavip	10%	14%	17%	14%
Prozac	11%	9%	16%	13%
Paxil	6%	6%	7%	6%
Serent	6%	6%	6%	6%
Other SSRIs	3%	5%	4%	4%
Tricyclic Agents	2%	6%	3%	3%


**Patient %**

	N=	101	97	54	252
		GP	Neurology	Psychiatry	Total
Cipram+Cipralax	30%	27%	27%	27%	27%
Lustral	27%	25%	25%	25%	25%
Elavip	13%	17%	17%	17%	17%
Prozac	13%	10%	10%	17%	14%
Paxil	6%	6%	6%	6%	6%
Other SSRIs	3%	3%	3%	3%	3%
Serent	6%	6%	6%	6%	6%
Tricyclic Agents	2%	2%	2%	2%	2%

Patient % before Product X →

Source: VeriMed Research, Inc. (VeriMed) Ltd. 01/14/2014





## Why Cymbalta is Preferred ?

	N=	85	86	85	260
	Specialty				
Suitable Patient Characteristics	GP %	Neurology %	Psychiatry %	Total %	
Improvement in pain symptoms	30%	36%	32%	33%	
Dual reuptake inhibition	21%	29%	21%	24%	
High efficacy rate	18%	13%	19%	17%	
Efficacy in Painful Diabetic Neuropathy	18%	19%	8%	16%	
Efficacy from week 1	4%	10%	16%	11%	
Low side effect profile	16%	5%	8%	8%	
Good tolerability	4%	5%	3%	7%	
Efficacy in anxiety	1%	12%	6%	6%	
Improvement in psychosomatic complaints	4%	6%	8%	6%	
To see how effective it is	7%	1%	4%	4%	
Efficacy in major depression	1%	5%	5%	4%	
Once a day dosing	4%	2%	4%	4%	
Safety	2%	2%	6%	4%	
Low mg dosage	2%	2%	8%	3%	
It is sold in over-the-counter	1%	3%	2%	2%	
Easy dosing	3%	3%	12%	7%	
Good indication	0%	2%	2%	1%	
Good evidence	0%	0%	1%	0%	
<b>Total</b>	<b>140%</b>	<b>160%</b>	<b>160%</b>	<b>153%</b>	

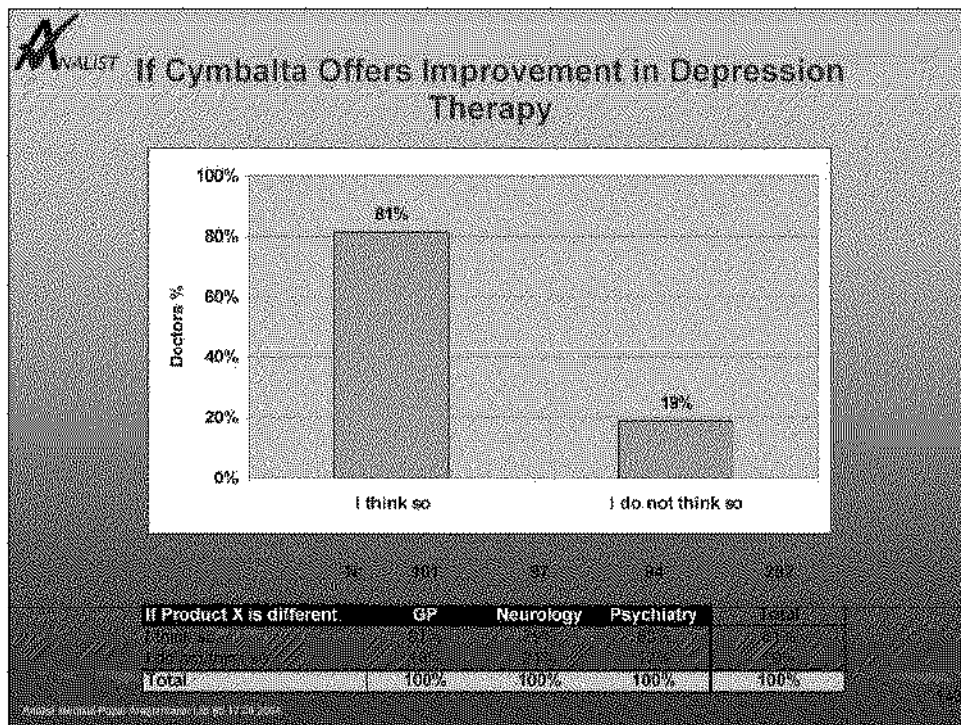
Source: Medical Focus Assessment, L2, 05/11/05/2014

**Why Cymbalta is not Preferred ?**

Number	N	101	97	94	292
	Specialty				
Not Suitable Patient Characteristics	GP %	Neurology %	Psychiatry %	Total %	
No special reason	34%	32%	32%	33%	
I have to try first	31%	20%	22%	24%	
Not much about side effects	10%	15%	13%	13%	
Not enough number of studies	7%	3%	7%	5%	
I prefer the antidepressant I have been using	6%	8%	6%	6%	
I don't like used in all patient population	7%	3%	4%	5%	
I have long experience with current antidepressants	3%	2%	4%	3%	
It is not too different than other antidepressants	5%	2%	3%	3%	
Patients who has mild depression I would not use	2%	3%	3%	2%	
Not clear effect profile	2%	4%	2%	2%	
For nearly everyone more appropriate antidepressants	1%	1%	3%	1%	
Would not use in patients with cardiovascular problems	0%	1%	2%	1%	
Not my first choice	1%	1%	1%	1%	
Not my favorite primary antidepressant	1%	1%	1%	1%	
<b>Total</b>	<b>107%</b>	<b>106%</b>	<b>110%</b>	<b>108%</b>	

It looks that Cymbalta does not have any specific negative points at this point in time.

Printed: 05/04/2015 11:00:00 AM L11 (05/22/2015)



**AX VALIST**

### Impressive Characteristics of Durapac First Mentions

Number	N	101	97	94	292
	Specialty				
Impressive Characteristics of Product Y - Rank 1	GP	Neurology	Psychiatry	Total	
Once a week	50%	60%	57%	54%	
Ease of use	4%	4%	1%	3%	
High efficacy	2%	3%	2%	2%	
Efficacy until week 25th	0%	3%	3%	3%	
It is an ordinary antidepressant	3%	2%	0%	2%	
It is an SSRI	0%	1%	3%	1%	
Doses can be seen on the pack	2%	1%	1%	1%	
Safety	1%	1%	1%	1%	
Can be switched back to once a day dosing	2%	1%	0%	1%	
Best of all, no side effects	2%	0%	0%	1%	
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

Report generated from: MyAnalytics Ltd 05-11-2015

	N	101	97	94	292
Number	Specialty				
Impressive Characteristics of Product Y					
	GP %	Neurology %	Psychiatry %	Total %	
Once a week	92%	60%	93%	81%	
Ease of use	10%	16%	14%	13%	
Good tolerability	2%	14%	17%	11%	
High efficacy	9%	9%	12%	10%	
Can be switched back to once a day dosing	12%	6%	7%	9%	
Dosers can be seen on the pack	5%	7%	6%	6%	
Safety	6%	6%	6%	6%	
Efficacy until week 26th	3%	6%	6%	5%	
It is an SSRI	4%	3%	9%	5%	
3-month adjustment pack	6%	3%	8%	5%	
Fewest complainers	7%	4%	1%	4%	
Same efficacy as 10 mg once a day	6%	4%	4%	4%	
Low side effect profile	2%	6%	4%	3%	
Has an ordinary antidepressant	3%	2%	10%	2%	
Lived some better to last for 1 year	2%	1%	2%	1%	
Same efficacy than placebo	0%	0%	2%	0%	
At least approved	1%	0%	0%	0%	
Total	168%	184%	188%	179%	

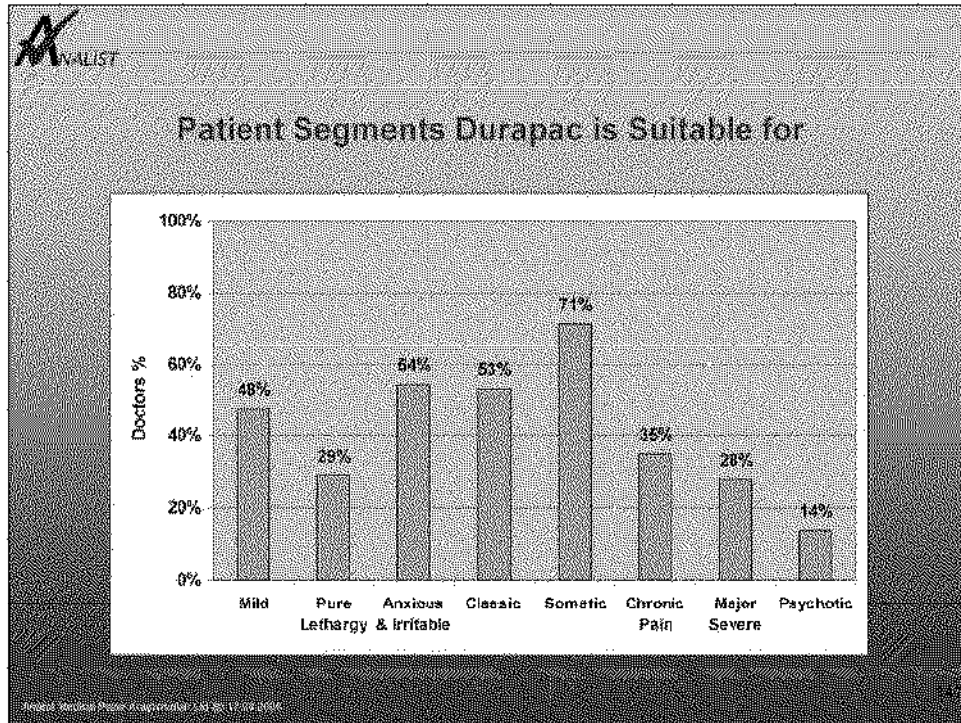
**AX VALIST**

### Outstanding Features of Durapac

Number	N	101	97	94	282
	Specialty				
Different Characteristics of Product Y	GP %	Neurology %	Psychiatry %	Total %	
Once a week antidepressant	74%	50%	64%	62%	
Its features other than once a week are the same	13%	6%	6%	8%	
Ease of use	7%	7%	0%	7%	
Switch back to once a day is possible	5%	3%	4%	4%	
Adjustment pack	5%	0%	0%	3%	
Same efficacy as in once a day	2%	0%	3%	2%	
It can be used for a long time	2%	1%	1%	1%	
Remembered	1%	2%	1%	1%	
It does not produce side effects	1%	1%	1%	1%	
Higher efficacy in patients	0%	1%	1%	1%	
Good tolerability	0%	1%	1%	1%	
Low side effect profile	0%	0%	0%	1%	
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>110%</b>	<b>112%</b>	

Printed: 04/04/2015 13:00:00, 04/04/2015 13:00:00



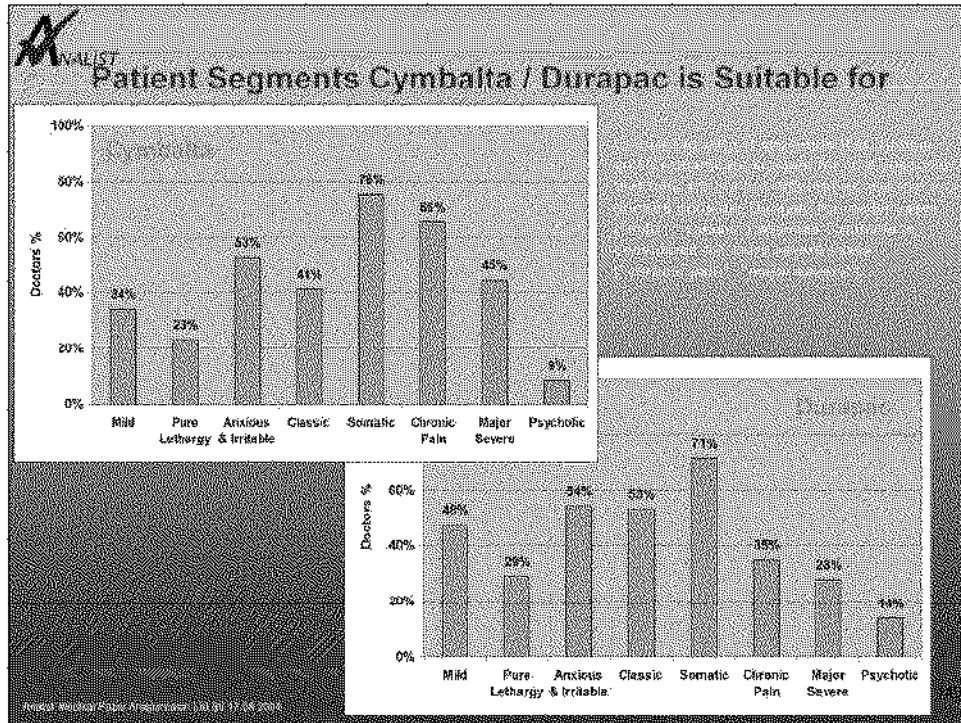


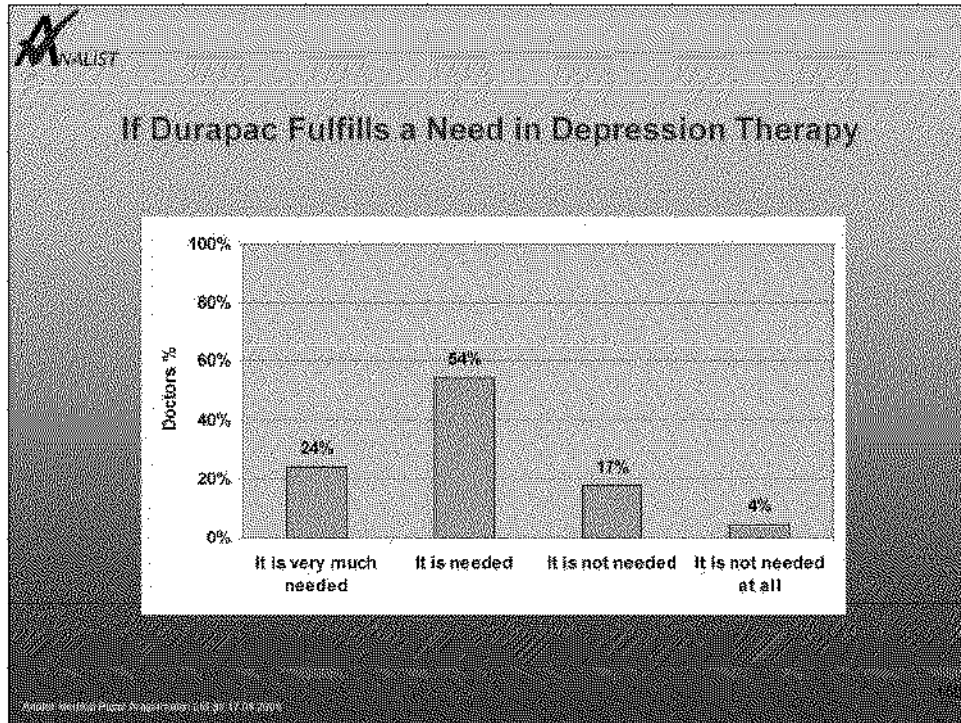
**AXIALIST**

**Patient Segments Durapac is Suitable for**

	N	101	97	94	292
	Specialty				
Vari	GP %	Neurology %	Psychiatry %	Total %	
Mild	41%	41%	62%	48%	
Pure Lethargy	26%	22%	40%	29%	
Anxious & Irritable	62%	52%	48%	54%	
Classic	59%	41%	59%	53%	
Somatic	55%	78%	70%	71%	
Chronic Pain	32%	40%	33%	38%	
Major Severe	26%	38%	30%	28%	
Psychotic	10%	15%	12%	14%	

Patent Medical Products Corporation LTD. © 2014



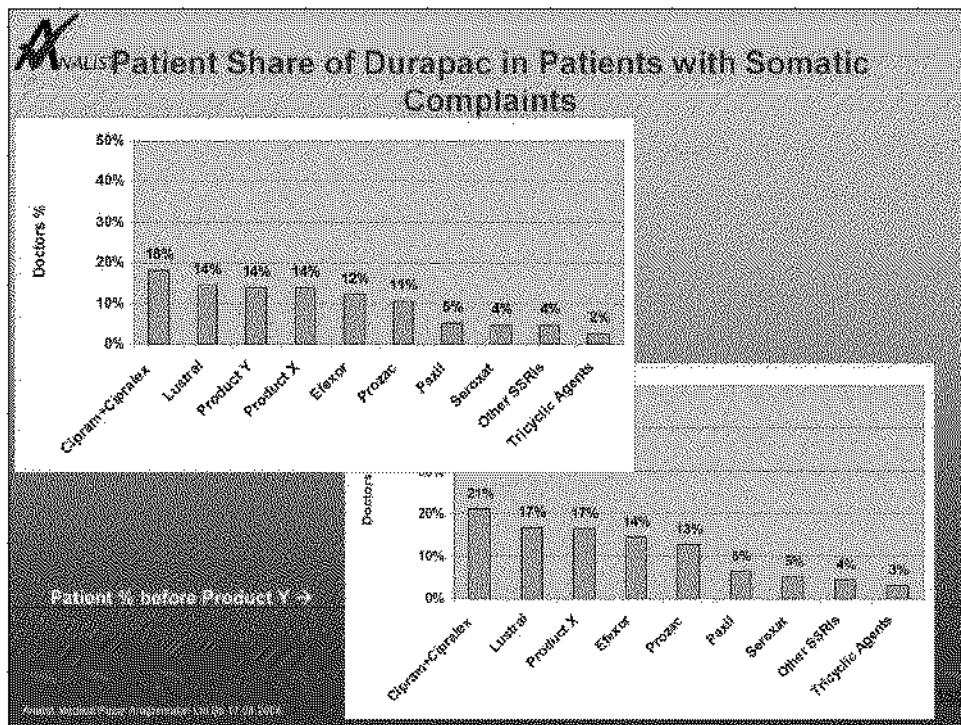


**ANALYST**

**If Durapac Fulfills a Need in Depression Therapy**

	N: 101	97	94	292
	Specialty			
<b>If Product Y is Necessary</b>	<b>GP</b>	<b>Neurology</b>	<b>Psychiatry</b>	<b>Total</b>
It is very much needed	19%	28%	25%	24%
It is needed	60%	46%	55%	54%
It is not needed	16%	23%	14%	17%
It is not needed at all	5%	3%	5%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Product: Durapac (Pralidoxime) 100 mg/5 mL Oral Solution  
Patient: Medical Professional  
Survey Period: 12/01/2014-12/31/2014





**WALLIS** Patient Share of Durapac in Patients with Somatic Complaints

	N: 101	97	94	292
Specialty				
Veri	GP	Neurology	Psychiatry	Total
Cipram/Cipralax	21%	19%	18%	19%
Lustral	16%	14%	14%	14%
Product Y	15%	15%	12%	14%
Product X	17%	14%	12%	14%
Eflexor	8%	12%	15%	12%
Prozac	9%	8%	14%	11%
Paxil	4%	6%	5%	5%
Sertral	3%	5%	5%	4%
Other SSRIs	3%	5%	4%	4%
Tricyclic Agents	1%	4%	2%	2%

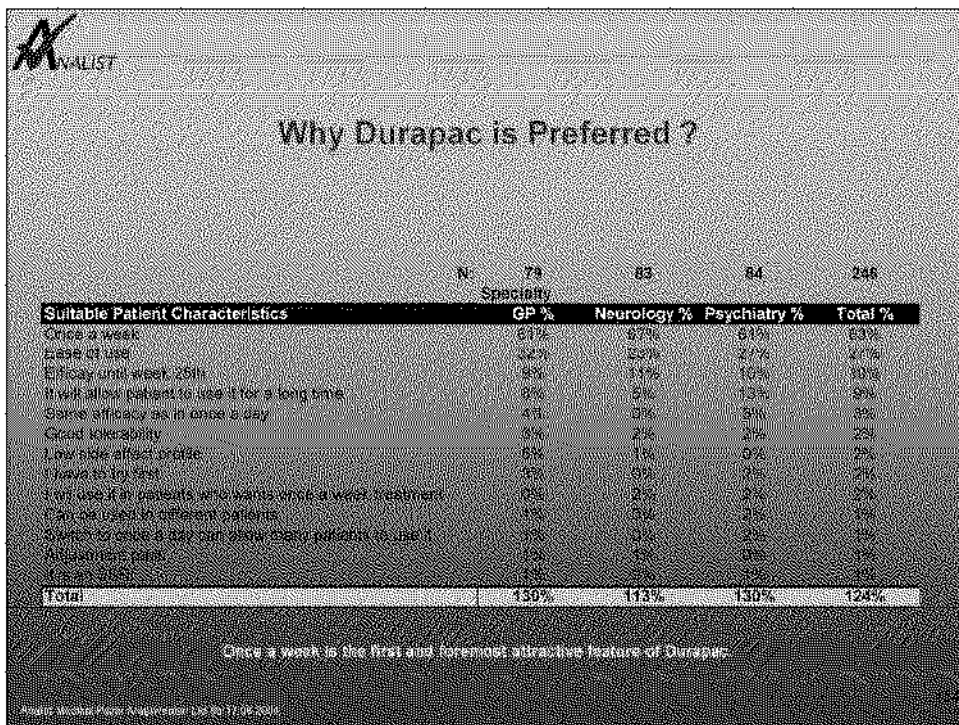
  

N: 292

Specialty				
Veri	GP	Neurology	Psychiatry	Total
Cipram/Cipralax	21%	19%	18%	19%
Lustral	16%	14%	14%	14%
Product Y	15%	15%	12%	14%
Product X	17%	14%	12%	14%
Eflexor	8%	12%	15%	12%
Prozac	9%	8%	14%	11%
Paxil	4%	6%	5%	5%
Sertral	3%	5%	5%	4%
Other SSRIs	3%	5%	4%	4%
Tricyclic Agents	1%	4%	2%	2%

Patient % before Product Y →

© 2014 Medical Research Group (MGR) Ltd 01/11/04/2014




Question	N = 181	57	4	282
	Specialty			
Not Suitable Patient Characteristics	GF %	Neurology %	Psychiatry %	Total %
No known reason	47%	51%	32%	46%
Have taken a trial in the past	17%	12%	12%	16%
Are happy with other antidepressants	12%	4%	4%	10%
Believe drugs that I have experience	12%	6%	9%	10%
Have to know about side effects	3%	12%	12%	10%
They do not get efficacy from an acute week antidepressant	4%	2%	4%	4%
I will not take it every patient	1%	3%	1%	3%
Psychiatric patient may not want to take what is more antidepressant	1%	0%	4%	3%
It conflicts with other medicines	1%	1%	5%	3%
Low interest in clinical studies	1%	2%	2%	2%
It doesn't work and causes an acute relapse	1%	1%	2%	2%
It doesn't help but not the efficacy with other studies	1%	1%	1%	2%
It is not a true antidepressant because it is not really an antidepressant but more of a mood stabilizer	0%	0%	1%	1%
They are not interested	1%	0%	0%	1%
<b>Total</b>	<b>105%</b>	<b>105%</b>	<b>103%</b>	<b>104%</b>

**AXALIST**

## Comments and Recommendations - 1

- Patient segments that Cymbalta is being considered by the majority of the doctors (anxiety, depression, fibromyalgia, chronic pain) are segments with the highest patient potential (52% of depressive patients). Cymbalta is being considered for other segments, too.
- The results show that when promoting Cymbalta to doctors four factors ("Avoid dependence / withdrawal issues", "Avoid anxiety, agitation or restlessness", "Relief of physical symptoms / somatic complaints", "Improvement in mood / affective symptoms") must be addressed in order for a productive communication.
- However when promoting Cymbalta to different specialties, different points have to be stressed more in relation to customer needs:
  - ~ When promoting to Psychiatrists, talking first about Cymbalta's efficacy to mood symptoms then its efficacy to physical symptoms will be more appropriate. Also to gain confidence to the drug, it has to be mentioned that Cymbalta does not cause anxiety, agitation or restlessness.
  - ~ When promoting Cymbalta to Neurologists, "Relief of somatic symptoms" has to be mentioned at the first place. Its efficacy in chronic pain, headache has to be specifically mentioned.
  - ~ When promoting to GPs, less side effect profile and "it does not cause dependence" have to be stressed together with relief of physical symptoms.

Product Research Study: Axalister Ltd. 05.11.06.2004



## Comments and Recommendations - 2

- Cymbalta's market share is expected to reach the market leader's share (Lustral). In other words, it is very probable that Cymbalta's acceptance will be high.
- When Cymbalta is launched Cymbalta may cannibalize Prozac sales in some patient segments (especially in Chronic Pain). Therefore Cymbalta has to be positioned carefully for these patient segments to gain maximum sales with these two brands.
- The positioning of brands cannot be distinguished. In many of the factors no associations were found. This is a good outcome for Cymbalta. With a good positioning strategy Cymbalta can have a distinctive positioning of its own and can benefit from this distinctive positioning/image.

Avalist, Market Place, A September 13, 2014